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ABSTRACT

The study was undertaken to provide management and program development services for the relocation of the pupils attending a residential school for educable mentally handicapped. The stated goal of the new center (Minnesota Learning Center) is the preparation of residents to assume a community living role independent of the institution. Four general areas are singled out for consideration in the deveopment of the program: behavior, academic skills, vocational skills, recreational and social skills. Student characteristics, general and behavioral are assessed and personnel recommendations including administration, staffing, position descriptions, and inservice training are made. An extensive appendix provides the results of the behavior ratings done and other data collections made during the course of the study. (CD)

EDO 48687

Program Planning Report
for the

MINNESOTA LEARNING CENTER

on the campus of
Brainerd State Hospital

EC 031 824

DEPARTMENT OF PUBLIC WELFARE
STATE OF MINNESOTA

In cooperation with
DEPARTMENT OF EDUCATION
STATE OF MINNESOTA

EC031924

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ED 048687

Program Planning Report

MINNESOTA LEARNING CENTER

on the campus of

Brainerd State Hospital

prepared for the

Department of Public Welfare
State of Minnesota

in cooperation with
Department of Education
State of Minnesota

by

Educational Management Services, Inc.
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June, 1970

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FOREWORD

Throughout the conduct of a study of this scope and significance the concerted efforts of many persons are required. Countless contributions have been made and to those which in this report go unrecognized due thanks is herewith extended.

The Owatonna Advisory Committee to Educational Management Services deserves special recognition. The committee's assistance in conceptualizing the program and reacting to elements during the development stage were of critical value. The assistance and insights provided to the study team by Mr. Ardo Wrobel of the Department of Public Welfare, Mr. Warren Bock of the Minnesota Learning Center and Mr. Thomas Murray of the Department of Education were particularly beneficial.

It has been a rare privilege for Educational Management Services to serve as a vehicle for the development of this important resource for the children of Minnesota.

Educational Management Services, Inc.

June 1970

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TABLE OF CONTENTS

Chapter		Page
I	INTRODUCTION	1
	The Owatonna Program	2
	Closing of the Owatonna State School	3
	Educational Management Services Study	7
	Objectives of Residential Care	8
II	THE STUDENT ASSESSMENT PROCESS AND FINDINGS	11
	Introduction	11
	Student Characteristics: General	13
	Student Characteristics: Behavioral	37
	Summary	46
III	RECOMMENDATIONS - STRUCTURE AND ORGANIZATION	48
	Number and Types of Students	48
	Admission Requirements and Procedures	50
	Learning Environment	52
	Summary	53
IV	PROGRAM RECOMMENDATIONS	55
	Introduction	55
	Behavior Modification	57
	Academic Program-Prescriptive Teaching	60
	Development of Communication Skills	62
	Media Center	65
	Social Competence	66
	Vocational Training	69
	Department of Education Approval	70
	Facility Modifications	71
	Summary	72

TABLE OF CONTENTS (cont'd.)

Chapter		Page
V	PERSONNEL RECOMMENDATIONS - - - - - - - - - - - - - - - -	73
	Director and Assistant Director - - - - - - - - - - - -	74
	Educational Assessment Systems - - - - - - - - - - - -	76
	Diverse Instructional Staff - - - - - - - - - - - -	77
	Support Personnel - - - - - - - - - - - - - - - - - -	78
	Position Descriptions - - - - - - - - - - - - - - - -	79
	Inservice Training - - - - - - - - - - - - - - - - -	91
	Summary -	94
	REFERENCES -	95
	APPENDICES -	97

LIST OF TABLES

Table		Page
1	Sex of OSS Students	13
2	Ethnic Identity of OSS Students	14
3	Age of Students at Time of Admission to OSS	15
4	Number of Months of Residence at OSS	16
5	Primary Reason for Placement of the Student at OSS	18
6	Legal Status of the Child at Time of OSS Placement: Type of Admission	19
7	Locus of Legal Responsibility for OSS Students at Time of Admission	19
8	Type of Residence from Which Student Entered OSS	20
9	Area of Residence by Governor's Planning Region for Persons Referred to Brainerd, Community, and Other State Institutions	21
10	Marital Status of Parents at Time of Students Admission to Owatonna State School	21
11	Employment Status of Father at Time of Students Admission to OSS	22
12	Occupation of Principal Wage Earner in Students Family at Time of Admission to OSS	23
13	Public Assistance Status of Family at Time of Students Placement at OSS	24
14	Number of Siblings of OSS Students at Time of Admission	24
15a	Etiological Classification for OSS Students	26
15b	Etiological Classification (Collapsed)	27

LIST OF TABLES (cont'd.)

Table		Page
16	IQ of OSS Students Shortly After Admission - - - - - - -	28
17	IQ of OSS Students, Last Test Administered - - - - - - -	29
18	Means and Standard Deviations on Age, Intelligence and Achievement Test Scores for OSS Students - - - -	29
19	Reading Achievement Grade Level of OSS Students, Most Recent Achievement Test - - - - - - - - - - - -	30
20	Arithmetic Achievement Grade Level of OSS Students, Most Recent Achievement Test - - - - - - -	31
21	Incidence of Disabilities Other Than Retardation Among OSS Students - - - - - - - - - - - - - - - - -	31
22	Psychiatric Evaluation of OSS Students - - - - - - - - -	32
23	OSS Staff Prediction of Extent to Which Students Will Need Social Supervision After Age 21 - - - - - -	33
24	OSS Staff Predictions of Students' Competence in Community Living After Age 21 - - - - - - - - - -	33
25	OSS Students Who Have at Any Time Been Referred to the State Division of Vocational Rehabilitation (DVR) for Service from the CVRP Unit - - - - - - - -	34
26	Formal Status With the State Division of Vocational Rehab (DVR) as of December, 1969 - - - - -	35
27	Prediction by CVRP Staff of the Level of Employment Likely to be Attained by the Student After Age 21: Employment Potential - - - - -	36
28	Recommendation on Length of Stay for Residents Placed in Brainerd - - - - - - - - - - - - - - - - -	37
29	Number of Male and Female Residents with Complete Behavior Ratings in Each of the Primary Placement Groups - - - - - - - - - - - - - - - - -	39

LIST OF TABLES (cont'd.)

Table		Page
30	Percentage of Sub-Scale Behaviors Emitted by at Least One-Third of the Residents in Each Recommendations Category - Ratings by Teachers, Counselors and Social Workers - - - - - - -	41
31	Behaviors Rated by Teachers, Counselors and Social Workers for at Least One-Third of the Female Residents Recommended for Placement at Brainerd -	44
32	Behaviors Rated by Teachers, Counselors and Social Workers for at Least One-Third of the Male Residents Recommended for Placement at Brainerd -	45
33	Students Recommended for Brainerd Placement Who Are Reported to Have Exhibited Specific Problem Behavior While Enrolled at OSS - - - - - - -	46
34	Summary of Student Eligibility Recommendations for the Minnesota Learning Center - - - - - - - - - -	54
35	Staff Complement Model - - - - - - - - - - - - - - - - -	81

APPENDICES

Appendix		Page
A	MINNESOTA REGIONAL PLANNING AREAS - - - - - - - - - -	97
B	BALOW BEHAVIOR PROFILE RATING SCALE - - - - - - - - -	99
C	BEHAVIOR RATING DATA - - - - - - - - - - - - - - - - -	105
D	SELECTED TABLES NOT REFERRED TO IN THE TEXT - - - - -	124
E	AGE DISTRIBUTION GRAPHS FOR BRAINERD AND COMMUNITY PLACEMENTS - - - - - - - - - - - - - - - - -	131
F	AGE DISTRIBUTIONS BY NUMBER AND BY SEX FOR EACH OF THE THREE PLACEMENT GROUPS - - - - - - - - -	134
G	OUTLINE OF DATA COLLECTION FOR OWATONNA STATE SCHOOL -	138
H	INSTRUCTIONS FOR DATA COLLECTION FOR OWATONNA STATE SCHOOL - - - - - - - - - - - - - - - - -	153
I	DATA ABSTRACTING FORMAT - - - - - - - - - - - - - - -	165
J	COUNTY OF RESIDENCE BY NUMBERS AND BY SEX FOR EACH OF THE THREE PLACEMENT GROUPS - - - - - - - - -	179

Chapter I

INTRODUCTION

Minnesota has a long history of concern and programming for its mentally retarded citizens through use of state residential facilities. The first residential institution for the mentally retarded in Minnesota had its beginnings in 1879 as an experimental department of the Institute for the Deaf, Dumb and Blind. Now called the Faribault State School and Hospital, this institution became a separate entity and by 1920 was the largest state institution. The newest state institution for the retarded to be founded is the Brainerd State Hospital which began operations in 1958. Broadly, it is the function of state institutions to provide care, treatment and education. Each institution is actually a sheltered community, offering total living and medical and nursing care and a variety of vocational, recreational and religious activities.

Most residents at the state residential centers at Faribault, Cambridge and Brainerd are of the total-care or trainable groups of those who are retarded. On the other hand, the Owatonna State School, the focus of this report, is for those educable retarded students to whom no local facilities are available or who, for various reasons, cannot remain in their own homes. All of the Owatonna institution's facilities are planned to facilitate the return to the community of each mentally retarded resident as a self-supporting citizen. The Owatonna school, therefore, offers a variety of special education subjects and vocational experiences.

The history of the Owatonna State School directly reflects changes in the needs, philosophy and programs in special education and residential placement of educable retarded, adolescent youth in Minnesota.

The Owatonna State School has been a major Minnesota state institution for 84 years. It was founded in 1886 as the State Public School for Dependent and Neglected Children. In 1947 the Minnesota Legislature enacted legislation to abolish the State School for Dependent and Neglected Children and to establish an institution to provide academic education and training for "feeble-minded" persons. The Owatonna State School was then placed under the control and management of the Commissioner of Public Welfare. The law passed in 1947 and a 1955 law specified that the Owatonna State School should be used as a state institution to provide academic education and vocational training for mentally deficient persons. The Commissioner of Public Welfare was given the responsibility to admit to the Owatonna facility those persons committed as mentally deficient who, in his opinion, might benefit from academic education and vocational training.

The 1947 law specified, "The Owatonna State School shall be used as a state institution to provide educational, vocational and social training, and such related therapeutic and rehabilitation services that are necessary to achieve same for mentally deficient persons under 21 years of age." The phrase, "and such related services to achieve same," was added by the 1965 legislature. The 1967 legislature substituted "educational" for "academic education" and added "social" training. The 1967 legislature also inserted the words "therapeutic and rehabilitative" within the phrase added in 1965. These revisions of the statutes broadened the mission of the Owatonna State School in providing services to its students.

The Owatonna Program

The Owatonna State School is a statewide residential facility which has provided a variety of special education services to boys and girls, 8 to 21 years of age, who were functioning at the educable mentally retarded level. It has accepted mentally retarded children who were unable to function in the community setting. Included have been those children who were unable to adjust to their own family setting, boarding homes, private residential facilities and special classes and also those who, for some reason, could not adjust to the demands of their home community. The school has also provided education for children who needed special services which the ordinary community could not be expected to provide. This group has embraced those children who had some very special psychological, rehabilitative or educational needs which the Owatonna State School could meet but which were too specialized to be managed in a normal community setting.

The goal of the Owatonna State School has been to provide the services necessary to help students to make acceptable personal adjustments and to acquire the necessary basic skills for returning to community living in the shortest possible time. The institutional facilities have provided a controlled group-living setting in which the student has learned group-living techniques and has been provided with a combination of other services to strengthen his ability to accept himself as a person, to develop socially acceptable habits in personal development, to acquire academic skills commensurate with his ability and to develop vocational and social skills for community living.

The program at the Owatonna State School has been divided into three general areas. The first is the *core* program in which students have attended academic and pre-vocational classes, were assigned to on-campus work assignments, participated in campus and community recreation and received therapeutic services in accordance with their needs. The student in this program usually has had behavioral and emotional problems

that periodically had to be dealt with on an individual basis. The *intensive treatment* programs at the Owatonna State School have provided a highly individualized service with emphasis on behavioral and emotional handicaps. This has been a small co-educational unit in which a variety of therapeutic services were provided such as psychiatric consultation, academic education, vocational and social training, and recreation. The *independent living* program was what this name implies. It has been a program designed to develop and promote independence on the part of older students preparatory to their return to their communities. In this program emphasis has been placed on vocational planning and training.

In 1968 approximately 180 students were enrolled at Owatonna. Twenty-nine of the students were in the age range of 6-13. The remainder were from 13-21 years of age. Eighty-six percent of the students were enrolled in some kind of learning program although the vast majority attended formal school less than one-half day.

Closing of the Owatonna State School

The 1969 Minnesota Legislature provided for the closing of the Owatonna State School by June 30, 1970. The future of Owatonna as a school had been in question for several years. The President's Panel on Mental Retardation (1962) made an observation which had pointed implications for the Legislature's decision.

> "Residential care has an important place among the various services required for the retarded and, for many years, it was practically the only service of any importance in this country. The view that a large institution is one of several rather than the main resource in the care of the retarded is not yet established in the United States as it is in the Scandinavian countries and in England, Holland and other parts of Europe where significant community services are a part of their program. In this country, institutions represent the greatest investment of manpower, buildings and funds and these are highly visible. This is a consequence of the historical pattern of concern for the retarded, and a coincidence of the physical nature of residential facilities, which are very large in many cases and frequently at some distance from centers of population.
>
> The challenge to state institutions is how to accelerate the change from large, isolated facilities to similar units close to the homes of patients and to the health, education and social resources of the community; the challenge to both

state and private residential facilities is how to replace the old concept of custodial care wherever it exists with modern programs of therapy, education and research."

The President's Panel (1962) went on to state that institutional care should be restricted to those whose specific needs could best be met by such a service. Institutions are but one point on a continuum of services. The decision to place a retarded person residentially must be made on the basis of careful review of his diagnosis and symptoms, the needs of his family and other resources available in the community.

The Minnesota Mental Retardation Planning Council (1966) pointed out that institutions for the mentally retarded provide three basic services, custodial care, training and medical services. The Council noted that ideally an individual enters an institution because it best meets his needs, those of his family and those of the community. However, too often an individual is placed in an institution because there is no other service or facility available to him. The Council defined three broad goals of residential facilities:

1. Creation of an atmosphere in which every patient can develop to his full potential.

2. Establishment of a standard of physical, nursing, and medical care which, at the very minimum, is as good as that available to the non-retarded person in the community.

3. Development of sufficient flexibility in programming and administration to ensure successful coordination of these facilities into comprehensive state-wide planning of services for the mentally retarded.

The Council stated that in order to accomplish these goals the kinds of services needed by specific groups of residents in state institutions had to be carefully delineated. The Council went on to develop twenty recommendations concerning residential care which were presented to the Governor as part of a comprehensive report. The areas included in these recommendations were placement, programming, facilities and finances. These recommendations applied to all institutions generally rather than to the Owatonna State School in particular. One task force recommended that clear guidelines be established as to patient groups whose needs can probably be met best in the state institutions. It was also recommended that future construction of facilities should be decentralized and planned to meet specialized needs of segments of the retarded populations, as opposed to serving the entire range of retardation disabilities.

In November, 1969, the Department of Public Welfare submitted an "Interim Report of Department of Public Welfare - Closing of Owatonna State School" to Governor LeVander. In this report, Commissioner Hursh cited several reasons for the recommendation for the closing of the Owatonna State School, among which were these:

1. The rapid growth of special education classes in public schools has reduced the need for Owatonna as a school and vocational center for educable mentally retarded students.

2. Students with emotional and behavioral problems were being referred to Owatonna with increasing frequency.

3. The types of student being considered for Owatonna needed therapeutic and treatment programs because of the types of problems they manifested.

4. The buildings at Owatonna State School were quite old and in need of major remodeling or replacement to continue as a school.

5. There was growing evidence of need for a treatment type program for substantially fewer children. The prospects of operating a treatment program for less than 100 students in a deteriorating facility designed as a school seemed to be inappropriate.

6. State institutions for mentally ill and mentally retarded are gradually being changed to multi-purpose facilities, each to serve both the mentally retarded and mentally ill in separately administered programs.

7. Brainerd is more centrally located for the entire state.

The over-riding consideration appeared to be the need for development of a specially-planned program for those students, who, in addition to the disadvantage of retardation, have serious emotional, behavior and social adjustment problems. Reference was also made to a Minnesota National Laboratory Study, Programs of Learning in Minnesota's Institutions for the Mentally Retarded. That study recommended that a thorough study be made of the Owatonna State School with the primary purpose of determining (1) its appropriate mission and (2) its role in relationship to other social and educational resources. The study reported these related findings and a rationale for its recommendations.

1. Given the size of the staff and the related physical plant and facilities, Owatonna State School is a very expensive facility to maintain, and the per resident cost is high.

2. The present population of primarily educable retarded junior and senior high school age residents are there, based on stated selection criteria, because they are both emotionally disturbed and mentally retarded, and are in need of a "treatment" environment.

3. Although many job titles and stated goals are "treatment" related, the general competencies of staff and the day-to-day management of residents reflect typical residential and educational environments, rather than intensive treatment.

4. Most of the residents observed did not seem to reflect inter-personal and affective needs significantly different from thousands of other children called educable retarded who are able to remain in their communities. Conversations with various state school administrators, a check on population distribution, a sampling of case histories, plus conversations with staff and residents, lead the study staff to believe that most Owatonna placements are made for other than treatment reasons, and more likely reflect (1) family problems, and/or (2) lack of local public school special education resources.

5. The type of educational or learning program, the support resources necessary, the degree to which education must be structured as the primary "treatment" modality, and the type of learning program staff necessary are all highly contingent on the predicted needs of the resident population. Study team observations regarding the needs of the population served were at variance with the stated objectives of the institution, and with methods used to meet the rehabilitation needs of the residents.

The study went on to suggest that most Owatonna residents could possibly be served elsewhere (such as their own community, or school district) with use of sound case management practices. Such placement would make an extensive in-patient treatment resource unnecessary. The study staff admitted that it could be in error in its judgment and that the Owatonna population indeed might have significant emotional pathology not accessible to treatment through ordinary community educational and clinical resources. If this were true, then the character of the Owatonna State School should be changed drastically. If a core of 40-50

students need intensive treatment on an in-patient basis and the other residents could be served as adequately in the community then the study team questioned the appropriateness of Owatonna as a resource because of its distance from extensive clinical resources, its physical plant and its staffing patterns. The study team noted that the morale at Owatonna seemed depressed. There appeared to be a schism between the attitudes and philosophy of its learning program staff and those of its "treatment" personnel. The study team hypothesized that one reason for this difficulty was that goals and practices were designed on an artificially drawn conception of the habilitation needs of the student population.

That study team confessed that the observations were strong impressions rather than supported by conclusive data. The team felt, however, that there were many questions that should be raised regarding the Owatonna School. Among these were:

> Does Owatonna have a role as a "State School" in today's and tomorrow's world with community level resources growing both in extent and sophistication?
>
> Why are students really placed at Owatonna and what are the criteria for selection?
>
> If persons sent to Owatonna are "emotionally disturbed," is Owatonna the most appropriate resource?
>
> Could funds expended to support Owatonna eventually be used as case management monies designed to help retarded children remain in the community?

This Minnesota National Laboratory report (1969) strongly recommended that the Owatonna State School be given the benefit of a full and comprehensive study. The study team believed that such a study should be designed to focus on many of the impressions, questions and conclusions reported.

Educational Management Services Study

The publication of the Minnesota National Laboratory Study occurred at about the same time that the Minnesota Legislature had concluded that the closing of the Owatonna State School was necessary. Legislative action negated many of the reasons for a study of the Owatonna State School as proposed by the Minnesota National Laboratory. The legislative decision, however, presented many new and urgent problems and considerations.

The present study by Educational Management Services, Inc. was undertaken in order to provide management and program development services for the relocation of the pupils attending Owatonna State School. This action is consistent with the charge of the 1969 Legislature to the Department of Public Welfare that "the children at Owatonna not be transferred to the Brainerd State Hospital until a comparable, separate, educational, treatment program is available."

Some of the activities of the present study have included the following:

1. Assessment of pupils
2. Identification of program needs
3. Review and assessment of program services
4. Program development
5. Assessment of staff requirements and capability
6. Design of a staff development model
7. Review of facility requirements
8. Development of a continuous evaluation model
9. Relocation plan

This study was aided by information obtained through individual student evaluations conducted by the Owatonna State School staff and other consultants. Planning conferences were held for each individual student at the Owatonna State School. These conferences included Owatonna staff and case workers from all county welfare departments having one or more students at Owatonna. In addition, a consultant from the Special Education Section, Department of Education, and a representative of the Mental Retardation Program Office, Department of Public Welfare, participated. The purpose of the conferences was to determine the best placement program possible for each student based on in-depth study and case review.

Objectives of Residential Care

The President's Panel on Mental Retardation (1962) pointed out that, as states plan for the future, problems of the size of institutions, program, and personnel become paramount. Bringing the provision of

services as close as possible to the local community is a basic tenet on which the Panel's recommendations rested. The Panel recommended that the following objectives for residential care should be considered:

1. Every such institution, including those that care for the seriously retarded should be basically therapeutic in character and emphasis and closely linked to appropriate medical, education and welfare programs in the community.

2. Every institution has some unique quality or potential that can be developed for the benefit of the entire field.

3. The institution should extend its services beyond the tranditional boundaries of its own campus and reach to assist the patient and his family before his actual admission.

4. Diagnosis and evaluation should take place before admission and be followed promptly by treatment when a patient is received.

5. Flexible admission and release policies and out-patient programs similar to those of hospital or school are essential in meeting the needs of the retarded and their families.

6. The goal of every residential program should be the elimination or amelioration of as many symptoms as possible and the achievement of independent, semi-independent or even a sheltered extra-mural life for every person under care in accordance with his potential. This can be accomplished only by a devoted staff with a variety of professional skills and a competent administration.

7. No child or adult shall remain in residential care any longer than necessary. Regular and frequent re-evaluations must be scheduled to reveal any possibilities that may have been developed in his community and to determine whether the individual himself has reached the point where he may profit by some other form of care.

8. If and when the child or adult is ready for return to the community, adequate resources and services for support should be made available.

9. Responsibility for the care of persons returned to the community should not be relinquished by the institution until assistance is assured from some other source; efforts should be made to see that community services are made available to him before he leaves.

10. Many residential populations lend themselves to certain unique research undertakings, particularly of a clinical nature. Continued clinical evaluation of the institution program itself requires personnel with a research point of view.

11. The future of residential care must be viewed in the context of state and regional needs and resources, i.e., more than one state should be included in planning in many instances.

Not all of the recommendations of the President's Panel on Mental Retardation are directly applicable to considerations in this study, but they do provide a useful philosophical base upon which to build a future program of excellence at the Minnesota Learning Center at Brainerd. When the closing of the Owatonna State School is viewed in the light of the expert recommendations and the present needs of children in Minnesota, it can be viewed as a positive step in the provision of a continuum of services to mentally retarded children with learning handicaps.

Chapter II

THE STUDENT ASSESSMENT PROCESS AND FINDINGS

Introduction

It is not possible to reach conclusions and to make recommendations in a project such as this without detailed data on the student population. Such information is essential for understanding of the problems, potentials and programs of individual students and the total resident population. These data also are essential in order to accomplish other tasks such as the following:

1. Assessment and validation of the diagnostic and selection processes involved in planning for placements of students after the closing of the Owatonna State School (OSS).

2. Recommendations regarding intake procedures and organizational patterns for the unit serving former OSS students to be located at the Brainerd State Hospital.

3. Suggestions on the type of programming necessary at the Brainerd Unit in order to meet the individual personal and educational needs of the transferred students.

4. Determination of types of personnel requirements and job assignments.

A first and vital step in this study was to compile and assess information related to the characteristics of the student population at the OSS. Several problems were immediately evident to the study team:

1. The amount of data necessary to assess the OSS student population was too great to process or analyze by clerical means. It required an organizational format compatible with the use of computer technology.

2. A number of essential computer oriented data collection instruments would have to be designed after determination of the information required. A new computer program would have to be written to process the data.

3. The case records at the OSS would yield insufficient information for the purposes of this study. Even such information would require personnel employed to transfer the data from the records at OSS to the computer oriented data collection instruments.

4. A larger population base would permit more meaningful analysis of the data. Thus, it was decided to collect data on all students who had been at OSS at any time since September, 1968. This meant that a total of 253 students would be included in this study.

5. The original timetable for completion of this phase of the study could not be met without sacrificing the quality of the data.

The study team was particularly concerned about the quality of the data available. It was recognized that the quality of the entire study and the viability of the conclusions and recommendations were circumscribed by this information. The opportunity for significant error in the data collection and processing phases was great. In order to minimize error, check points were built into both phases. Data which were known to contain a high degree of possible error were not used in the analysis or in the summary data included in this document.

The necessary steps and timetable are listed below:

TASK	TIMETABLE
Determine Data Needs	10/15 - 10/30
Develop Data Format	10/31 - 11/4
Develop Data Collection Instruments	11/5 - 11/14
Develop Procedures and Hire Abstractors	11/15 - 11/23
Post Raw Data	11/24 - 12/5
Write and Test Initial Computer Program	12/3 - 12/6
Process Data	12/6 - 12/16
Analysis I	12/13 - 12/26
Preliminary Report to Program Committee	12/27
Additional Data Collection	12/27 - 1/6
Re-Program	1/7 - 1/10
Re- Process	1/10 - 1/13
Analysis II	1/14 - 1/18
Develop Final Recommendations and Communicate to Program Committee	1/14 - 1/18
Write and Edit Committee Report	1/18 - 2/9
Final Report to EMS	2/9
Conduct Process Interpretation of Data for Program and Personnel Committees	12/27

In the judgment of the study team, the pupil assessment data collection process was quite comprehensive and rigorous. It yielded great quantities of information on the 253 students on whom data were collected. Much of the information was useful for the purposes of this study. Other data are less applicable at this time. The information which yielded the clearest impressions about both the general and behavioral characteristics of the students is summarized in subsequent sections of this chapter. Additional summary data have been placed in the appendices.

It must be emphasized that the data were collected to be reflective of characteristics of *groups* of students. The findings cannot be applied to a specific child. The information can only be used to point the way or to draw general conclusions about the total population or meaningful subgroups of students under study.

Student Characteristics: General

This section summarizes some of the characteristics of the Owatonna State School students with special reference to those who are recommended for transfer to the Brainerd State Hospital, home community programs or other state institutions. Data are reported on 253 OSS students who were in residence at the time of survey (December, 1969) or who had been discharged from the school since September, 1968.

Identification

Table I shows that three-fourths of the students are male. This finding is consistent with the general experience of educational programs for the upper level retarded. In public school classes for the educable mentally retarded, boys outnumber girls on the order of 2 to 1. Ninety-one percent of the total, and 95 percent of those recommended for Brainerd placement, are Caucasian, as may be seen in Table 2.

TABLE 1
SEX OF OSS STUDENTS

SEX	BRAINERD		COMMUNITY		OTHER STATE INSTITUTIONS		TOTAL	
	N	%	N	%	N	%	N	%
Male	44	73	98	71	24	69	182	72
Female	16	27	40	29	11	31	71	28
TOTAL	60	100	138	100	35	100	253	100

TABLE 2

ETHNIC IDENTITY OF OSS STUDENTS

ETHNIC IDENTITY		BRAINERD		COMMUNITY		OTHER STATE INSTITUTIONS		TOTAL	
		N	%	N	%	N	%	N	%
White	Boys	42	96	90	92	21	88	168	92
	Girls	15	94	34	85	10	91	63	89
	Both	57	95	124	91	31	89	231	91
American Indian	Boys	1	2	4	4	0	0	5	3
	Girls	0	0	2	5	0	0	2	3
	Both	1	2	6	4	0	0	7	3
Black	Boys	1	2	3	3	3	12	8	4
	Girls	1	6	3	8	1	9	5	7
	Both	2	3	6	4	4	11	13	5
Other	Boys	0	0	1	1	0	0	1	1
	Girls	0	0	1	2	0	0	1	1
	Both	0	0	2	1	0	0	1	1

On the average, although there are substantial variations, these students were admitted to OSS at early adolescence (Table 3). They also had been at Owatonna for differing lengths of time. About one-third of the group scheduled for transfer to Brainerd had been in residence at OSS for less than a year at the time of survey (Table 4). Another third has been there for more than a year but less than two years. The other third has been in residence for periods of time ranging from two years to six and one half years. One student has been at Owatonna State School for over eight years.

TABLE 3

AGE OF STUDENTS AT TIME OF ADMISSION TO OSS

	Brainerd			Community			Other State Institutions			Total		
	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD	N
Boys	12.77	2.45	44	13.45	2.58	98	12.42	2.99	24	13.01	2.63	182
Girls	12.75	2.38	16	14.44	1.97	39	14.18	2.56	11	14.07	2.24	70
Both	12.77	2.41	60	13.73	2.46	137	12.97	2.95	35	13.30	2.57	252

The group which had returned to the community at the time of this survey or who were recommended for such return before July 1, 1970, includes a substantial number who have been at Owatonna for longer than three years. Among the group scheduled for transfer to state institutions other than Brainerd, over one-third have been in residence at OSS for more than five years.

TABLE 4

NUMBER OF MONTHS RESIDENCE AT OSS
(Up to November, 1969)

months		Brainerd N	Community N	Other state Institutions N	Total N
0- 6	Boys	3	9	3	18
	Girls	4	6	0	10
	Both	7	15	3	28
7-12	Boys	11	17	3	32
	Girls	3	3	3	9
	Both	14	20	6	41
13-18	Boys	5	11	1	20
	Girls	1	8	1	11
	Both	6	19	2	31
19-24	Boys	8	12	1	21
	Girls	2	4	0	7
	Both	10	16	1	28
25-30	Boys	4	9	1	17
	Girls	2	5	0	6
	Both	6	14	1	23
31-36	Boys	4	6	3	13
	Girls	1	2	0	3
	Both	5	8	3	16
37-42	Boys	4	3	0	8
	Girls	1	3	1	6
	Both	5	6	1	14
43-48	Boys	1	3	1	6
	Girls	1	0	0	1
	Both	2	3	1	7
49-54	Boys	1	4	0	5
	Girls	1	1	0	3
	Both	2	5	0	8

TABLE 4 (continued)

NUMBER OF MONTHS RESIDENCE AT OSS

months		Brainerd N	Community N	Other state Institutions N	Total N
55-60	Boys	1	0	1	2
	Girls	0	1	2	3
	Both	1	1	3	5
61-66	Boys	1	2	1	6
	Girls	0	1	0	1
	Both	1	3	1	7
67-72	Boys	0	2	0	2
	Girls	0	0	1	1
	Both	0	2	1	3
73-78	Boys	0	1	0	1
	Girls	0	0	1	1
	Both	0	1	1	2
79-84	Boys	0	2	1	3
	Girls	0	2	1	3
	Both	0	4	2	6
85-90	Boys	0	5	2	7
	Girls	0	1	0	1
	Both	0	6	2	8
91-96	Boys	0	3	1	4
	Girls	0	1	1	2
	Both	0	4	2	6
97 +	Boys	1	6	4	14
	Girls	0	2	0	2
	Both	1	8	4	16

Placement at OSS

The primary reason for placement of most students at OSS was either school or home problems (Table 5). In some instances, a student's characteristics were such that he could not cope with the home or the school or vice versa. In other instances, the home situation or school opportunities were inadequate.

Slightly more than half of the total group, but three-fourths of the group recommended for community placement, entered OSS on a voluntary basis (Table 6). There is a marked contrast in the circumstances involved in placement between the group recommended for Brainerd placement and those recommended for placement in other state institutions. Thirteen percent of those recommended for Brainerd, but half of those recommended for other state institutions, were legally committed as mentally deficient (Table 7).

TABLE 5

PRIMARY REASON FOR PLACEMENT OF
A STUDENT AT OSS

		Brainerd		Community		Other state Institutions		Total	
		N	%	N	%	N	%	N	%
School problem	Boys	14	32	27	28	6	26	51	28
	Girls	4	25	6	15	5	45	18	25
	Both	18	30	33	24	11	32	69	27
Home problem	Boys	22	50	52	54	9	39	90	50
	Girls	9	56	24	60	5	45	37	52
	Both	31	52	76	55	14	41	127	51
Community living problem	Boys	6	14	16	16	7	30	34	19
	Girls	2	13	6	15	1	10	9	13
	Both	8	13	22	16	8	24	42	17
Medical control	Boys	0	0	0	0	0	0	0	0
	Girls	1	6	0	0	0	0	1	1
	Both	1	2	0	0	1	3	1	1
Other	Boys	2	5	2	2	1	4	5	3
	Girls	0	0	4	10	0	0	6	8
	Both	2	3	6	4	0	0	11	4

TABLE 6

LEGAL STATUS OF CHILD AT TIME OF OSS PLACEMENT; TYPE OF ADMISSION

Status		Brainerd		Community		Other state Institutions		Total	
		N	%	N	%	N	%	N	%
Voluntary	Boys	32	73	56	58	9	38	105	58
	Girls	13	81	21	55	3	30	40	59
	Both	45	75	77	57	12	35	145	58
Mentally Deficient	Boys	5	11	28	29	10	42	49	27
	Girls	3	19	11	29	7	70	22	32
	Both	8	13	39	29	17	50	71	29
Dependent and Neglected	Boys	4	9	3	3	0	0	7	4
	Girls	0	0	2	5	0	0	2	3
	Both	4	7	5	4	0	0	9	4
Delinquent	Boys	2	4	5	5	2	8	9	5
	Girls	0	0	1	3	0	0	1	1
	Both	2	3	6	4	2	6	10	4
Other	Boys	1	3	3	5	3	12	10	6
	Girls	0	0	3	8	0	0	3	5
	Both	1	2	8	6	3	8	13	5

TABLE 7

LOCUS OF LEGAL RESPONSIBILITY FOR OSS STUDENTS AT TIME OF ADMISSION

Locus		Brainerd		Community		Other state Institutions		Total	
		N	%	N	%	N	%	N	%
Natural parents	Boys	33	77	63	67	14	61	123	69
	Girls	12	80	20	57	5	45	39	59
	Both	45	78	83	63	19	56	162	66
Guardian-ship	Boys	10	23	32	33	9	39	55	31
	Girls	3	20	17	43	6	55	27	41
	Both	13	22	49	37	15	44	82	34

Three-fourths of the Brainerd group and a little over half of the group recommended for other state institutions entered OSS from the homes of their natural parents (Table 8). The remainder were under state guardianship at the time of placement, but their number is too small to permit meaningful analysis of reasons for such guardianship.

One-half of the total group, and 60 percent of those recommended for Brainerd placement, are from the seven county Twin Cities Metropolitan Area (Table 9). A map showing the regions referred to in Table 9 is included in Appendix A.

Family Background

In approximately 60 percent of the cases the parents were married and living together at the time of a student's admission to OSS. Other family situations included one or both of the parents deceased, parents separated or divorced, or mother had never married (Table 10).

TABLE 8

TYPE OF RESIDENCE FROM WHICH STUDENT ENTERED OSS

Type	Brainerd		Community		Other state Institutions		Total	
	N	%	N	%	N	%	N	%
1. Natural Home	41	75	78	61	23	66	112	66
2. Foster Home	7	13	23	18	7	20	21	12
3. Group Home	0	0	3	2	0	0	2	1
4. Public MR Institution	1	2	11	9	1	3	14	8
5. Public MI Institution	0	0	1	1	3	9	4	2
6. Public Correctional Institution	1	2	9	7	1	3	8	5
7. Private Institution	1	2	1	1	0	0	3	2
8. Other or Unknown	4	7	1	1	0	0	5	3

TABLE 9

AREA OF RESIDENCE BY GOVERNOR'S PLANNING REGION FOR PERSONS REFERRED TO BRAINERD, COMMUNITY, AND OTHER STATE INSTITUTIONS

REGION	BRAINERD (N=60)	%	COMMUNITY (N=137)	%	OTHER STATE INSTITUTIONS (N=35)	%	TOTAL (N=251)	%
1	1	1.5	3	2	0	0	5	2
2	1	1.5	6	4	1	2.8	8	3
3 (Duluth)	3	5	10	7	1	2.8	15	6
4	2	3	4	3	2	5.7	8	3
5	3	5	10	7	0	0	14	5
6	0	0	0	0	0	0	0	0
7	2	3	10	7	3	8.5	15	6
8	1	1.5	3	2	3	8.5	7	3
9	5	8	12	9	2	5.7	21	8
10	6	10	17	12	5	14	31	12
11 (M-SP)	36	60	62	45	18	51	127	50

TABLE 10

MARITAL STATUS OF PARENTS AT TIME OF STUDENT'S ADMISSION TO OWATONNA STATE SCHOOL

MARITAL STATUS		BRAINERD N	%	COMMUNITY N	%	OTHER STATE INSTITUTIONS N	%	TOTAL N	%
Married,	Boys	25	64	54	57	19	79	106	62
Living	Girls	8	53	21	57	4	36	36	54
Together	Both	33	61	75	57	23	66	142	60
Married	Boys	2	6	7	7	0	0	9	5
but	Girls	1	7	4	11	2	18	7	11
Separated	Both	3	6	11	9	2	6	16	7
	Boys	2	13	16	17	3	13	30	18
Divorced	Girls	4	27	7	19	3	27	15	22
	Both	9	17	23	18	6	17	45	19
One/Both	Boys	4	10	6	6	1	4	11	6
Parents	Girls	2	13	4	11	1	9	7	10
Deceased	Both	6	11	10	8	2	6	18	7
Mother	Boys	2	5	7	7	0	0	9	5
Never	Girls	0	0	0	0	0	0	0	0
Married	Both	2	4	7	5	0	0	9	4
Other	Boys	1	3	4	4	1	4	6	4
Status	Girls	0	0	1	3	1	9	2	3
	Both	1	2	5	4	2	6	8	3

In those cases where the employment status of a student's father was known, most fathers were employed at the time of student OSS admission (Table 11).

TABLE 11

EMPLOYMENT STATUS OF FATHER AT TIME OF STUDENT'S ADMISSION TO OWATONNA SS

		BRAINERD		COMMUNITY		OTHER STATE INSTITUTIONS		TOTAL	
		N	%	N	%	N	%	N	%
Father Employed	Boys	31	94	58	76	18	90	118	84
	Girls	9	82	25	83	7	88	44	83
	Both	40	91	83	78	25	89	162	84
Father Unemployed	Boys	2	6	18	24	2	10	23	16
	Girls	2	18	5	17	1	12	9	17
	Both	4	9	23	22	3	11	32	16

The distribution of the occupation of the principal wage earners is not remarkable for the total group of 253 students in that it roughly follows the distribution of occupations in Minnesota. For the group recommended for Brainerd placement, however, none of the principal wage earners in the families were employed in education and social sciences, engineering and science, military service or office and clerical work. Half of them were employed in the trades or technical or industrial occupations (Table 12).

TABLE 12

OCCUPATION OF PRINCIPAL WAGE EARNER IN STUDENT'S FAMILY AT TIME OF ADMISSION TO OSS

OCCUPATIONAL GROUPING		BRAINERD		COMMUNITY		OTHER STATE INSTITUTIONS		TOTAL	
		N	%	N	%	N	%	N	%
1.Agri-culture	Boys	4	12	10	14	3	16	19	15
	Girls	2	22	4	13	2	22	8	15
	Both	6	14	14	14	5	18	27	15
2.Business & Manage-ment	Boys	4	12	10	14	2	11	16	12
	Girls	0	0	2	6	2	22	5	10
	Both	4	10	12	12	4	14	21	11
3.Education & Social Science	Boys	0	0	0	0	0	0	0	0
	Girls	0	0	1	3	0	0	1	2
	Both	0	0	1	1	0	0	1	1
4.Engineer-ing & Science	Boys	0	0	1	1	2	11	4	3
	Girls	0	0	0	0	0	0	0	0
	Both	0	0	1	1	2	7	4	2
5.Military Service	Boys	0	0	1	1	0	0	1	1
	Girls	0	0	0	0	0	0	0	0
	Both	0	0	1	1	0	0	1	1
6.Office and Clerical	Boys	0	0	2	3	0	0	2	2
	Girls	0	0	1	3	0	0	1	2
	Both	0	0	3	3	0	0	3	2
7.Trades, Technical, Industrial	Boys	17	52	32	46	7	37	61	47
	Girls	4	44	14	45	3	33	23	44
	Both	21	50	46	46	10	36	84	46
8.Service Occupat-ions	Boys	2	6	8	11	2	11	12	9
	Girls	2	22	5	16	1	11	8	15
	Both	4	10	13	13	3	11	20	11
9. House-wife	Boys	1	3	4	6	1	5	6	5
	Girls	1	11	2	6	1	11	4	8
	Both	2	5	6	6	2	7	10	5
10. Other	Boys	5	15	2	3	2	11	10	8
	Girls	0	0	2	6	0	0	2	4
	Both	5	12	4	4	2	7	12	7

About two-thirds of the families were independent of public assistance at the time of a student's placement (Table 13). The data on number of siblings appears to reveal no differences among the groups (Table 14).

TABLE 13

PUBLIC ASSISTANCE STATUS OF FAMILY AT TIME OF STUDENT'S PLACEMENT AT OWATONNA SS

STATUS		BRAINERD		COMMUNITY		OTHER STATE INSTITUTIONS		TOTAL	
		N	%	N	%	N	%	N	%
Independent	Boys	25	66	57	66	19	86	109	69
	Girls	8	62	26	72	6	67	43	70
	Both	33	65	83	67	25	81	152	69
Receiving Assistance	Boys	13	34	30	34	3	14	50	31
	Girls	5	38	10	28	3	33	18	30
	Both	18	35	40	33	6	19	68	31

TABLE 14

Number of Siblings of OSS Students at Time of Admission

	Brainerd			Community			Other State Inst.			Total		
	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD	N
Boys	4.40	2.31	43	4.82	2.99	98	4.83	2.65	24	4.70	2.71	181
Girls	4.00	1.36	15	4.20	2.69	40	4.55	2.54	11	4.10	2.40	254
Both	4.29	2.10	58	4.64	2.91	138	4.74	2.58	35	4.53	2.64	251

Etiology

Etiology is the statement of diagnosis which gives a plausible reason for a person's retardation. A clear distinction should be made between the etiology as reported and the presence or absence of complicating personal characteristics. Specifically, in what follows, the data cannot be taken to mean that the student has no emotional or other complicating problems, but only that the cause of his retardation has been classified in a particular way. At admission to OSS, each student had been categorized as to the classification of his retardation, using the American Association of Mental Deficiency Classification system until January, 1969. The system of the American Psychiatric Association has been employed since then. The data given here were reconciled into a single system of classification primarily following that of the AAMD.

In 20 percent of the cases, the classification implied that the mental retardation is due to damage, insult or physical mal-development of the central nervous system (Table 15a). This is an omnibus kind of classification which typically contains dozens of reasons for retardation. Sixteen percent of those who were recommended for return to the community or had already returned carried diagnoses implying physical malfunction of the central nervous system. Thirty-four percent of those recommended for transfer to state institutions, other than Brainerd, carry this kind of diagnosis (Table 15b). In these cases, a single major reason for the retardation can be given. These include brain damage by mechanical means, metabolic disorder or toxic process. Such diagnosis implies the least hopeful prognosis for major improvement in functioning of a student. It is significant that this limiting type of diagnosis is present in only one-fifth of those students recommended for transfer to Brainerd.

The remaining 80 percent of the total group are diagnosed as having mental retardation due to uncertain (presumed psychological) cause with the functional reaction alone manifest. One-fourth of those recommended for Brainerd and one-third of those scheduled for community placement are assessed as having cultural-familiar retardation. An additional 10 percent are thought to be retarded in association with severe deprivation of stimulation and learning opportunity at an early age.

TABLE 15a

ETIOLOGICAL CLASSIFICATION (MAJOR REASON FOR THE RETARDATION) OF THE OSS STUDENTS*

ETIOLOGICAL CLASSIFICATION	STUDENTS WITH BRAINERD STATE HOSPITAL AS PLACEMENT RECOMMENDATION		TOTAL OSS STUDENTS STUDIED	
	N	%	N	%
Neurological Damage or Malfunction	12	20	49	20
Cultural-Familial Retardation	15	25	71	29
Psychogenic: Environmental Deprivation	6	10	28	11
Psychogenic: Emotional Disturbance	2	3	6	2
Psychogenic: Psychotic Disorder	1	2	6	2
Other	23	38	88	35
None Given	1	2	2	1
Total	60	100	250	100

* Collapsed AAMD Classification used, official diagnosis in each case record tallied. Note: "Other" classification includes some cases too difficult to classify, together with others of unusual or inextricable mixed etiology.

TABLE 15b

ETIOLOGICAL CLASSIFICATION (MAJOR REASON FOR THE RETARDATION) OF THE OSS STUDENTS*

ETIOLOGICAL CLASSIFICATION	BRAINERD		COMMUNITY		OTHER STATE INSTITUTIONS		TOTAL	
	N	%	N	%	N	%	N	%
Neurological Damage or Malfunction	12	20	21	16	12	34	49	20
Cultural-Familial Retardation	15	25	44	33	7	20	71	29
Psychogenic: Environmental Deprivation	6	10	18	13	1	3	28	11
Psychogenic: Emotional Disturbance	2	3	1	1	1	3	6	3
Psychogenic: Psychotic Disorder	1	2	3	2	2	6	6	2
Other	23	38	48	36	11	31	88	35
None Given	1	2	0	0	1	3	2	1
TOTAL	60		135		35		250	

* Collapsed AAMD Classification used, official diagnosis in each case record tallied. Note: "Other Classification includes some cases too difficult to classify, together with others of unusual or inextricable mixed etiology."

About one in twenty of the OSS students is diagnosed as being retarded in association with a history of prolonged emotional disturbance or of psychotic or major personality disorders. For this group a clear distinction should be made between the reason for the retardation (the subject of this classification) and the presence or absence of complicating emotional disturbance in a person who is retarded.

Over one-third of the students are diagnosed as being mentally retarded due to uncertain cause, with the functional reaction alone

evident. In these cases there is no evidence or history of a physical cause or structural defect, no evidence of subnormal functioning in parents or siblings or of associated psychogenic or psychosocial factors. This classification is sometimes also used in a case of extremely difficult or obscure diagnosis or where the causes are so intertwined that no major reason can be specified.

Thus, in 80 percent of the OSS students, the retardation appears to be due to uncertain (or presumed psychological) cause with the functional reaction alone manifest (Table 15a). The outlook for improving the level of functioning in this case is better than for one where the retardation is caused by a single incurable factor because in the latter case efforts must be directed toward compensating for physical factors.

Intellectual Level

Either before or after admission to OSS, most students received an individual intelligence evaluation. In 1966, the average Intelligence Quotient (I.Q.) was 66.31 (Table 16). Those students who now are recommended for transfer to other state institutions tend to have slightly lower I.Q.'s.

TABLE 16

I.Q. (BINET OR FULL SCALE WECHSLER) OF OSS STUDENTS AT OR SHORTLY AFTER ADMISSION

	BRAINERD			COMMUNITY			OTHER STATE INSTITUTIONS			TOTAL		
	MEAN	SD	N	MEAN	SD	N	MEAN	SD	N	MEAN	SD	N
Boys	67.32	7.83	43	66.74	9.90	92	64.63	8.57	24	66.15	9.69	175
Girls	65.07	9.28	13	67.06	9.87	35	61.00	9.97	11	65.64	9.89	64
Both	66.74	8.20	58	66.83	9.28	127	63.49	9.04	35	66.31	8.97	239

Within the past year, most of the students have received another individual intelligence evaluation. The average I.Q. was 72.51 for the total group (N=191) who had this second test (Table 17). For the group recommended for transfer to Brainerd, the average I.Q. is 70. The community-bound group who had this second evaluation averaged close to an I.Q. of 76. Those students recommended for placement in state institutions

other than Brainerd have an average I.Q. of between 67 and 68. With the exception of this latter group, the average I.Q. is now in the borderline educable retarded range.

TABLE 17

I.Q. (BINET OR FULL SCALE WECHSLER) OF OSS STUDENTS, LAST TEST ADMINISTERED PRIOR TO SURVEY, TEST GIVEN AN AVERAGE OF THREE YEARS AFTER INTAKE

	BRAINERD			COMMUNITY			OTHER STATE INSTITUTIONS			TOTAL		
	MEAN	SD	N	MEAN	SD	N	MEAN	SD	N	MEAN	SD	N
Boys	70.82	8.54	43	76.17	9.37	69	65.75	1.05	20	72.50	10.16	139
Girls	68.31	10.01	13	75.00	9.03	27	71.00	1.18	10	72.54	9.88	52
Both	70.21	8.89	53	75.84	9.25	96	67.50	1.10	30	72.51	10.06	191

Both the amount and direction of I.Q. change over a three year period (Table 18) deserve comment. This kind of movement is not unusual in this age and ability range. There can also be a purely statistical artifact at work. A test-retest correlation of .80 may

TABLE 18

MEANS AND STANDARD DEVIATIONS ON AGE, INTELLIGENCE AND ACHIEVEMENT TEST SCORES FOR RESIDENTS REFERRED TO BRAINERD, COMMUNITY AND OTHER STATE INSTITUTIONS*

SCORE	BRAINERD (N=60)		COMMUNITY (N=138)		OTHER STATE INSTITUTIONS (N=35)		TOTAL (N=255)	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Age Admission	12.76	2.41	13.7	2.45	12.96	2.94	13.30	2.56
Age Placement	15.76							
IQ Intake	66.74	8.20	66.8	9.2	63.49	9.04	66.30	8.97
IQ Placement	70.20	8.90	75.8	9.2	67.50	11.03	72.51	10.05
Achievement Reading	2.69	1.38			3.03	1.37	3.20	1.49
Achievement Arithmetic	3.09	.99			2.83	1.14	3.34	1.15
Achievement Composite								

*Complete data were not available for all residents in the above categories. Thus, some of the computations on some measures were made on slightly less than the indicated numbers.

completely explain this movement. The reliability of testing in this intellectual range is typically no better than .80. The amount of change in the three groups also is consistent with their presumed etiology. The retardation of the community-bound group is least stable and that of the group recommended for placement at other state institutions is the most stable.

The profile of sub-test scores on the Wechsler scales is not clear-cut enough to warrant extensive interpretation. However, there is a small but significant superiority of the performance IQ over the verbal I.Q. on the Wechsler scales. This finding is consistent with the supposition that students were placed at OSS for reasons which are somewhat more associated with poor verbal functioning than with poor non-verbal or mechanical intelligence.

Academic Achievement

Little data were recovered regarding the operation of the educational program at OSS. Most students participated to some extent in an academic program. Standardized achievement test levels average between second and third grade. The most recent achievement test results showed reading to be at the 3.21 grade level for the total group and at the 2.69 grade level for the students recommended for transfer to Brainerd (Table 19). However, nearly half of the students are outside the range of one and one-half grade levels on either side of these averages. Arithmetic achievement test results are similar. The total group averaged 3.34 grade level, and the group recommended for Brainerd averaged 3.09 grade level (Table 20). Average standardized achievement test results of the OSS students are substantially below what might be predicted on the basis of intellectual level alone.

TABLE 19

READING ACHIEVEMENT GRADE LEVEL OF
OSS STUDENTS, MOST RECENT ACHIEVEMENT TEST

	BRAINERD			COMMUNITY			OTHER STATE INSTITUTIONS			TOTAL		
	MEAN	SD	N	MEAN	SD	N	MEAN	SD	N	MEAN	SD	N
Boys	2.70	1.42	38	3.41	1.49	86	2.51	1.09	20	3.10	1.44	156
Girls	2.63	1.33	15	3.81	1.53	33	4.08	1.30	10	3.47	1.58	61
Both	2.69	1.38	53	3.52	1.50	119	3.03	1.37	30	3.21	1.49	217

TABLE 20

ARITHMETIC ACHIEVEMENT GRADE LEVEL OF
OSS STUDENTS, MOST RECENT ACHIEVEMENT TEST

	BRAINERD			COMMUNITY			OTHER STATE INSTITUTIONS			TOTAL		
	MEAN	SD	N	MEAN	SD	N	MEAN	SD	N	MEAN	SD	N
Boys	2.94	0.88	38	3.62	1.07	86	2.49	0.88	21	3.27	1.08	157
Girls	3.47	1.17	15	3.60	1.21	33	3.55	1.37	10	3.53	1.31	61
Both	3.09	0.99	53	3.61	1.10	119	2.83	1.14	31	3.34	1.15	218

Disabilities

A number of the OSS students have disabilities in addition to their mental retardation (Table 21). Nine of those recommended for Brainerd placement have speech articulation or language disability problems. Nine have various degrees of epilepsy, and seven are obese enough to require dietary attention.

TABLE 21

INCIDENCE OF DISABILITIES OTHER
THAN RETARDATION AMONG OSS STUDENTS

DISABILITY	BRAINERD N	COMMUNITY N	OTHER STATE INSTITUTIONS N	TOTAL N
Vision Defect	2	2	2	6
Hearing Defect	0	10	0	12
Speech: Articulation	8	28	9	46
Speech: Language	1	2	1	2
Orthopedic	0	2	3	7
Epilepsy	9	11	2	24
Cosmetic	3	20	7	33
Obesity	7	8	3	20

Approximately half of the total group and most of the group scheduled for transfer to Brainerd have received psychiatric evaluations. Eleven of the 124 who were evaluated in the total group and one of the 48 evaluated in the Brainerd group were judged to have a specific psychiatric disorder (Table 22).

TABLE 22

PSYCHIATRIC EVALUATION OF OSS STUDENTS

	BRAINERD	COMMUNITY	OTHER STATE INSTITUTIONS	TOTAL
	N	N	N	N
# of Formal Psychiatric Evaluations	48	49	21	124
# With Diagnosed Psychiatric Disorder	1	6	4	11

The psychiatric records did not disclose the number of students with emotional problems of lesser proportion than would warrant a psychiatric label. Evaluation reports refer to a number of adjustment and conduct problems of students. These reports frequently point out courses of action that would be designed to help overcome these problems. The OSS staff acknowledges serious conduct problems are fairly common among the students. This topic will be covered in a later section of this report.

Predicted Community Competence

Members of the OSS staff were asked to make a prediction of competence in community living for each student. The staff believes that 184 out of the total 253, and 53 out of the 60 students recommended for Brainerd placement will need some social supervision after age 21. The remainder are expected to be fully independent (Table 23). The degree of supervision needed, according to the prediction of the staff, will range from custodial placement to limited advisory consultation in the community.

TABLE 23

OSS STAFF PREDICTION OF EXTENT TO WHICH STUDENTS WILL NEED SOCIAL SUPERVISION AFTER AGE 21

PREDICTION		BRAINERD N	COMMUNITY N	OTHER STATE INSTITUTIONS N	TOTAL N
Likely to be Fully Independent	Boys	5	38	0	46
	Girls	2	18	1	22
	Both	7	56	1	68
Will Likely Need Some Social Supervision	Boys	39	60	24	137
	Girls	14	20	9	47
	Both	53	80	33	184

The staff also made a prediction of the need for continued institutional placement of students after age 21. They reported that they expect 118 of the total and 15 of the 60 students who are recommended for transfer to Brainerd to need no further institutional placement after age 21. They considered two-thirds of the Brainerd group likely to spend a year or more in an institution for the retarded or the mentally ill after age 21. The staff also felt that 14 of the Brainerd group were likely to spend a year or more in a correctional institution (Table 24). The general pessimism of these staff expectancies appears in contradiction to other case information.

TABLE 24

OSS STAFF PREDICTION OF STUDENTS' COMPETENCE IN COMMUNITY LIVING AFTER AGE 21

PREDICTION		BRAINERD N	COMMUNITY N	OTHER STATE INSTITUTIONS N	TOTAL N
Not Likely to be Institutionalized After Age 21	Boys	11	61	0	79
	Girls	4	29	1	39
	Both	15	90	1	118
Likely Spend Year or More in MR or MI Institution After 21	Boys	28	22	20	77
	Girls	12	8	9	29
	Both	40	30	29	106
Likely Spend Year or More in Correctional Institution After 21	Boys	14	25	6	50
	Girls	0	1	0	1
	Both	14	26	6	51

Employment Potential

The staff of the Cooperative Vocational Rehabilitation Program (CVRP) at OSS was asked to report on their experience with each student. Contact of the CVRP staff with students was through an evaluation program in the CVRP Center and coordinating on-campus and off-campus work experiences.

At one time or another, about half of the total group have been referred to the Minnesota Division of Vocational Rehabilitation which operates the CVRP unit (Table 25). Only 28 percent of the Brainerd group has been referred to DVR. Many of those who are recommended for Brainerd placement are too young for formal referral. About one-fifth of the total group, but none of the Brainerd group, have completed the vocational rehabilitation process, and their cases have been closed as rehabilitated. About half of the 28 Brainerd-bound students who are known to DVR are in applicant status. The others have been accepted as clients and are either in the status of having vocational plans developed (4 cases) or are in on-the-job training (5 cases) (Table 26).

TABLE 25

OSS STUDENTS WHO HAVE AT ANY TIME BEEN REFERRED TO THE STATE DIVISION OF VOCATIONAL REHABILITATION(DVR) FOR SERVICE FROM THE CVRP UNIT

REFERRAL STATUS	BRAINERD		COMMUNITY		OTHER STATE INSTITUTIONS		TOTAL	
	N	%	N	%	N	%	N	%
Referred	17	28	90	65	13	37	133	52
Not Referred	43	72	48	35	22	63	120	48
Total	60	100	138	100	35	100	253	100

TABLE 26

FORMAL STATUS WITH THE STATE DIVISION OF VOCATIONAL REHABILITATION (DVR) AS OF DECEMBER, 1969. NOTE THAT THIS TABLE INCLUDES ONLY THOSE OSS STUDENTS WHO HAVE EVER BEEN REFERRED TO DVR.

STATUS		BRAINERD (Total N=17) N	%	COMMUNITY (Total N=90) N	%	OTHER STATE INSTITUTIONS (Total N=13) N	%	TOTAL (Total N=133) N	%
00: On Referral	Boys	0	0	0	0	0	0	1	1
	Girls	0	0	0	0	0	0	0	0
	Both	0	0	0	0	0	0	0	0
02: Applicant	Boys	6	46	2	3	3	33	11	12
	Girls	2	50	4	13	2	50	9	21
	Both	8	47	6	7	5	38	20	15
08: Closed from Referred or Applicant Status	Boys	0	0	0	0	3	33	3	3
	Girls	0	0	0	0	0	0	0	0
	Both	0	0	0	0	3	23	3	2
10: Accepted, in Plan Development	Boys	3	23	4	7	1	11	10	11
	Girls	1	25	3	10	0	0	4	10
	Both	4	24	7	8	1	8	14	11
12: Plan Completed	Boys	0	0	1	2	0	0	2	2
	Girls	0	0	0	0	0	0	0	0
	Both	0	0	1	1	0	0	2	1
18: In Training	Boys	4	31	16	27	1	11	23	25
	Girls	1	25	9	30	2	50	14	33
	Both	5	29	25	28	3	23	37	28
20: Ready for Employment	Boys	0	0	12	20	1	11	15	16
	Girls	0	0	3	10	0	0	3	7
	Both	0	0	15	17	1	8	18	14
22: In Employment	Boys	0	0	5	8	0	0	5	5
	Girls	0	0	2	7	0	0	2	5
	Both	0	0	7	8	0	0	7	5
26: Closed, Rehabilitated	Boys	0	0	16	27	0	0	17	19
	Girls	0	0	8	27	0	0	8	19
	Both	0	0	24	27	0	0	25	19
28 & 30: Closed, Not Rehabilitated	Boys	0	0	4	7	0	0	4	4
	Girls	0	0	1	3	0	0	2	5
	Both	0	0	5	6	0	0	6	4

The CVRP staff gave opinions on the employment potential of most of the students surveyed. CVRP staff consider approximately half of the total group to have potential for competitive employment. They also have opinions on the employment potential of 51 students recommended for transfer to Brainerd. The CVRP staff considers 32 of the Brainerd-bound students to have potential for competitive or borderline-competitive employment. They believe 17 of these students to have potential for sheltered or marginal-sheltered employment. Only 2 of the students of the Brainerd group, or less than 5 percent, are judged as having too little employment potential for functioning in a sheltered workshop (Table 27).

TABLE 27

PREDICTION BY CVRP STAFF OF THE LEVEL OF EMPLOYMENT LIKELY TO BE ATTAINED BY THE STUDENT AFTER AGE 21: EMPLOYMENT POTENTIAL

POTENTIAL	BRAINERD		COMMUNITY		OTHER STATE INSTITUTIONS		TOTAL	
	N	%	N	%	N	%	N	%
Competitive or Borderline Competitive Employment	32	54	110	82	11	33	166	68
Sheltered or Borderline Sheltered Employment	17	29	10	7	13	39	46	18
Below Potential for Sheltered Employment	2	3	1	1	8	24	12	5
Unable to Judge	9	15	14	10	2	6	27	11

Length of Brainerd Stay

Of the 60 students recommended for transfer to the Brainerd State Hospital, 21 are thought by the placement committee to require a relatively long-term stay. Seventeen students are viewed as candidates for short-term placement. There are no specific recommendations in the remaining 22 cases (Table 28).

TABLE 28

RECOMMENDATIONS ON LENGTH OF STAY FOR RESIDENTS PLACED IN BRAINERD

RECOMMENDED LENGTH OF STAY	N (60)	%
Long-term	21	35
Short-term	17	28
Unspecified	22	37

Student Characteristics: Behavioral

This section presents findings on the behavioral characteristics of OSS residents. Comparisons of the behavioral characteristics are first made among the primary placement groups on ratings from a standardized checklist. More detailed analyses of the behavioral attributes of the Brainerd placements will then be presented.

Behavior Rating Comparisons

The behavior of OSS residents was assessed primarily through the administration of a standardized behavior rating scale (Balow, 1968). The scale is a measure on which behavior of individuals is rated on 68 separate items. These items cluster into seven general areas of behavior.

1. Poor control - includes behaviors such as fighting, frequent lying, boisterous acts, disobedience, disruptive actions, impulsivity, irritability, etc.

2. Developmental immaturity - includes behaviors such as clumsiness, short attention span, distractibility by classroom surroundings, daydreaming, preferring younger playmates, messy work, etc.

3. Anxious or neurotic - includes behaviors described as depressed, hypersensitive, crying over minor annoyances, etc.

4. Acting out - includes behaviors such as using profane language, temper tantrums, destructive, steals, etc.

5. Speech pathology - includes behaviors such as demonstrating instead of speaking, unintelligibility of speech, poor expression of ideas, stuttering or stammering, etc.

6. Social withdrawal - includes behaviors described as secretive, uncooperative in groups, etc.

7. Autistic - includes behaviors such as preoccupation with fixed ideas, examination of things in odd ways, distraction from within self, and preoccupation with certain aspects of things.

The behavior profile is not a "test" which produces a score to be compared against established norms. Rather, it consists of terms providing a description of the behavior of an individual. In completing the scale, raters were instructed to check one of four ratings according to the frequency with which the person exhibited the particular behavior described by the item. Four ratings are possible. They are: Almost Always, Often, Seldom, and Almost Never. In the present study, these ratings were collapsed into dichotomous factors merely to reflect the presence or absence of the behavior (i.e., almost always or often ratings were considered to reflect the presence of behavior).

The rating scale was developed from an original pool of nearly 200 terms descriptive of deviant behavior. From this initial pool 84 items were selected which reflected easily observed behaviors described in words that were largely unambiguous and understandable. Based on the independent judgments of four psychologists and five physicians, a number of the original items were revised or dropped. Minor modifications in the scale were also made in order to evaluate specifically the behavior of residents from OSS. A copy of the complete scale used in the present study appears in Appendix B .

Independent behavioral ratings of the residents were made by teachers, counselors and social workers of the institution. These ratings were presumed to reflect a resident's behavior in a variety of settings, such as the classroom, the general living areas (ward behavior) and in other contexts either prior to or during residence at the OSS. Raters were requested to complete the form only if they had had sufficient contact with a resident to be able to provide an accurate description of the behavior of this student. The data reported in this section of the report were analyzed only for those residents who had three separate ratings by each of the three types of personnel. Table 29 summarizes the number of male and female residents with such complete ratings in each of the primary placement groups.

TABLE 29

NUMBER OF MALE AND FEMALE RESIDENTS WITH COMPLETE BEHAVIOR IN EACH OF THE PRIMARY PLACEMENT GROUPS

PLACEMENT GROUPS	MALE	FEMALE	TOTAL
Brainerd	44	16	60
Community	84	36	120
Other State Institutions	25	10	35
TOTAL	154	62	215

Behavior ratings on the 68 scale items were analyzed separately for male and female residents within each of the three major placement categories, Brainerd, Community and Other State Institutions. The data analyses were divided into several procedural steps. First the ratings made by teachers, ward counselors and social workers were examined separately to identify the specific behaviors of at least one-third of the male or female residents in each placement category. This arbitrary criterion of one-third of each placement group was set because it was considered stringent enough to designate behaviors present in a significant proportion of the residents, but not so rigorous as to result in ignoring important behavioral symptoms. These tables formed the bases for many of the subsequent analyses. Readers wishing to make in-depth comparisons of the behavioral characteristics of these groups on each of the 68 items of the scale are referred to the tables in Appendix C .

Second, the number and percentage of specific behaviors exhibited by at least one-third of the residents in the primary placement groups were computed for each of the seven subscales of the Behavior Profile. (For example, if three of the six items on the "Anxious or Neurotic" subscale were considered to be present in at least one-third of the male residents recommended for Brainerd, a result of 50 percent would have been tabulated). The results of this analysis are recorded in Table 30. This table also contains the percentage of behaviors in the seven subscales considered present among at least one-third of the male and female residents in each of the three major placement groups. The data in this table suggest the following general trends:

1. In each major recommendation category, males were generally given negative ratings on more subscale items than females.

2. Both male and females in each of the major placement groups were given negative ratings on more subscale items which purport to assess poor behavior control and aggressive/ acting-out behaviors. In the Brainerd and Community groups, fewer behaviors indicative of more severe emotional pathology were considered present in a large proportion of the residents. Proportionately, though, more subscale items which appear to reflect severe emotional and social maladjustment were rated as present among residents being recommended for placement in Other State Institutions. It is also noteworthy that residents recommended for placement in Other State Institutions were viewed as possessing a higher proportion of the behavioral symptoms on the Speech Pathology subscale. This finding suggests that these persons possess more severe impairments in basic adaptive behavior skills, particularly in the area of language.

TABLE 30

PERCENTAGE OF SUBSCALE BEHAVIORS EMITTED BY AT LEAST ONE-THIRD OF THE RESIDENTS IN EACH RECOMMENDATION CATEGORY - RATINGS BY TEACHERS, COUNSELORS AND SOCIAL WORKERS

BEHAVIOR PROFILE SUBSCALES	BRAINERD			COMMUNITY			OTHER STATE INSTITUTIONS		
	T[1]	C[2]	SW[3]	T[1]	C[2]	SW[3]	T[1]	C[2]	SW[3]
Males									
Poor Control	52	92	78	33	67	22	56	85	63
Developmental Immaturity	56	70	47	59	59	24	88	88	82
Anxious or Neurotic	50	67	17	33	67	17	67	67	83
Acting Out	33	83	67	0	50	17	33	100	50
Speech Pathology	0	0	0	0	0	0	67	67	33
Social Withdrawal	0	40	60	20	40	0	60	100	40
Autistic	0	0	0	0	0	0	25	75	50
Females									
Poor Control	59	70	63	11	44	63	30	85	81
Developmental Immaturity	47	56	35	18	29	41	41	65	71
Anxious or Neurotic	50	17	50	33	50	50	83	83	67
Acting Out	33	50	33	0	33	50	33	67	100
Speech Pathology	0	0	0	0	0	0	0	0	33
Social Withdrawal	20	0	20	0	0	0	40	60	80
Autistic	0	0	0	0	0	0	0	25	50

[1]Teachers' Ratings

[2]Counselors' Ratings

[3]Social Workers' Ratings

3. More subscale items were given negative ratings to males by ward counselors. Comparatively fewer items were given negative ratings on one-third or more of the residents by staff social workers. Teacher ratings tended to fall between those of counselors and social workers.

4. The percentage of items given high ratings in most subscales was greater for male residents being recommended for placement in Other State Institutions. Male residents referred for Community placement were given the least number of negative ratings. Ratings on male residents recommended for placement at Brainerd tended to fall between those given to students referred to Other State Institutions and Community groups. Again, the behaviors considered to be present among male residents to be placed in Other State Institutions appear to reflect the presence of more severe emotional pathology.

5. Teachers generally tended to give females less negative ratings than did counselors. Staff social workers, however, were generally found to give more negative ratings to Community females than did either counselors or teachers. It is difficult to interpret possible reasons for the evaluations of the social workers being more negative for community females. It might be that the ratings of social workers were guided to some degree by case history information and knowledge about factors related to the initial placement at OSS. It is possible that factors associated with institutional placement of these female residents were considered by social workers to indicate the presence of more severe behavioral disturbances than was true in the case of male residents.

6. Females recommended for placement at Other State Institutions, like the males, were rated negatively on more subscale behaviors when compared with ratings for residents recommended to either Brainerd or the Community. Although female residents in the Brainerd group appeared to display less severe behavioral maladjustment than those being recommended to Other State Institutions, they still were rated negatively on more items in the various subscales than female residents recommended for placement back in their home Community. Finally, female residents in the Other State Institutions group also appeared to possess behaviors indicative of more severe emotional/social maladjustment and impaired adaptive behavior.

Brainerd Placements

A more intensive examination was made of the behavioral characteristics of residents being recommended for placement in the new Brainerd unit, and these results are reported in Tables 31 and 32. The behaviors rated by teachers, counselors and social workers for at least one-third of the male and female residents in the Brainerd subsample are reported. Most of the items concerned with aspects of poor behavioral control, aggressive and/or acting out behaviors were given high ratings by *all three raters*. The raters considered proportionately fewer items on the other subscales of the Behavior Profile as being present in at least one-third of the Brainerd placements. Few items of the "Developmental Immaturity" and "Anxious or Neurotic" subscales were given high ratings. It is interesting to note, moreover, that none of the items appearing on the "Speech Pathology", "Social Withdrawal" or "Autistic" subscales was considered present in a significant proportion of the Brainerd placements. Apparently most of the behavioral symptoms found in a large proportion of the male and female residents could be characterized as reflecting poor behavioral control generally.

Interviews were conducted with staff social workers and with unit directors to ascertain the frequency and types of problem behaviors exhibited by Brainerd placements either prior to or during residence at the OSS. The results of these interviews are reported in Table 33.

The most frequent behaviors presented by this group were anti-social in nature. Proportionately fewer residents exhibited behaviors indicative of either sexual deviance or attempts at self-inflicted injury. Major property destriction, petty theft, running away and assault on others were displayed at some time by one-fifth to nearly one-half of the Brainerd placements. These data lend support to the findings derived from the Behavior Profile. They indicate that many of the behavior problems in this group are essentially anti-social in quality and indicative of poor behavioral control.

TABLE 31

BEHAVIORS RATED BY TEACHERS, COUNSELORS AND SOCIAL WORKERS FOR AT LEAST ONE-THIRD OF THE FEMALE RESIDENTS RECOMMENDED FOR PLACEMENT AT BRAINERD

BEHAVIORS	TEACHER %	COUNSELOR %	SOCIAL WORKER %
Poor Control (Total of 27 items)			
Fights	56	44	50
Bullies	50	44	38
Boisterous	38	56	38
Disruptive	38	56	44
Impulsive	50	69	56
Irritable	38	62	69
Negativistic	44	56	38
Inattentive	38	44	62
Short Attention Span	44	56	50
Talkative	56	62	62
Talks out of Order	44	50	38
Tattles	38	38	44
Attention Seeking Behavior	44	38	50
Developmental Immaturity (Total of 17 items)			
Short Attention Span	44	56	50
Inattentive	38	44	62
Anxious or Neurotic (Total of 6 items)			
Hypersensitivity	50	44	62
Acting Out (Total of 6 items)			
Irritable	38	62	69

TABLE 32

BEHAVIORS RATED BY TEACHERS, COUNSELORS AND SOCIAL WORKERS FOR AT LEAST ONE-THIRD OF THE MALE RESIDENTS RECOMMENDED FOR PLACEMENT AT BRAINERD

BEHAVIORS	TEACHER %	COUNSELOR %	SOCIAL WORKER %
Poor Control (Total of 27 items)			
Fights	33	53	40
Bullies	33	47	36
Disruptive	44	60	49
Impulsive	53	71	64
Irresponsible	38	62	44
Irritable	44	58	42
Short Attention Span	58	64	51
Talkative	58	51	36
Nervousness	38	51	33
Tattles	38	53	33
Developmental Immaturity (Total of 17 items)			
Dislikes School Work	47	53	49
Short Attention Span	58	64	51
Irresponsible	38	62	44
Anxious or Neurotic (Total of 6 items)			
Hypersensitivity	42	56	38
Acting Out (Total of 6 items)			
Temper Tantrums	33	40	42
Irritable	44	58	42

TABLE 33

STUDENTS RECOMMENDED FOR BRAINERD PLACEMENT WHO ARE REPORTED BY OSS STAFF TO HAVE EXHIBITED SPECIFIC PROBLEM BEHAVIORS WHILE ENROLLED AT OSS

BEHAVIORS	TOTAL (N=60)	PERCENT
Anti-Social Acts		
Property Destruction	29	48
Arson, Fire-Setting	5	8
Assault, Students or Staff	10	17
Assault on Family, Home Visit	14	22
Petty Theft	28	47
Auto Theft	11	18
Running Away	22	37
Sexual Deviancy		
Self-Exposure	6	10
Overt Homosexual Activity	6	10
Promiscuity	4	7
Sexual Molestation	1	2
Other Sexual Deviance	2	3
Others		
Self Injury	6	10
Attempted or apparently serious threat of suicide	1	2

Summary

This chapter has reported information compiled on 253 students enrolled at the Owatonna State School since September, 1968. Special attention was given to a group of 60 students recommended for transfer to a learning center located at the Brainerd State Hospital. General characteristics of the student population under study are these:

1. Three-fourths of the students are adolescent males.

2. Only a few students were committed as mentally deficient. Most of the students recommended for Brainerd came into official attention for some other reason than being simply slow or unintelligent.

3. More than one-half of the Brainerd cases are from the Twin Cities metropolitan area.

4. A substantial proportion of the students come from dependent or unstable families.

5. Only one out of five of the potential Brainerd students is retarded because of irreversible damage to the central nervous system. Most are retarded because of social, familial, or learning and experience factors.

6. The average intelligence quotient for students recommended for Brainerd is 70. This score is generally considered to be in the upper level of the range of students classified as being educable mentally retarded.

7. The second-third grade academic achievement level of the students, as measured by standardized tests, is lower than would have been predicted by their I.Q.'s.

8. The Owatonna State School staff expects two-thirds of the Brainerd students to need a year or more of institutional placement after the age of 21.

9. The staff of the Cooperative Vocational Rehabilitation Program at the Owatonna State School expects that most of the Brainerd students will be capable of competitive employment.

This study also focused on the general behavioral characteristics of the students through use of a standardized behavioral profile. Teachers, counselors and social workers served as informants. Information was also obtained from case records. The behavioral characteristics may be summarized as follows:

1. Most of the problem behaviors present in the OSS residents appear to reflect the presence of mild to severe conduct disorders. Such behaviors appear to indicate the presence of poor self-control which is often exhibited through aggression against property and other persons.

2. Those residents recommended for placement in the community appear to exhibit fewer of the problem behaviors than those students recommended for the Brainerd program or those students to be assigned to other state institutions. The group to be assigned to state institutions other than Brainerd appears to possess behavioral characteristics more indicative of severe emotional pathology and lower levels of adaptive behavior.

CHAPTER III

RECOMMENDATIONS - STRUCTURE AND ORGANIZATION

The preceding chapter has identified the common characteristics of students considered for transfer to Brainerd. Rather than trying to make the students fit into a structure alien to their interests, aptitudes and potentialities, the program and organization of the Minnesota Learning Center at Brainerd must conform to the needs of the students. Also, it should be recognized that the structure, direction and organization of the program of the Minnesota Learning Center at Brainerd cannot be confined merely to the present situation of accommodating students transferring from Owatonna. The program must have the flexibility to meet the needs of future students and the state.

This chapter contains recommendations for the structural and organizational components of the Minnesota Learning Center at the Brainerd State Hospital. Subsequent chapters will relate the program content and personnel requirements.

RECOMMENDATION ONE

THE NUMBER AND TYPES OF STUDENTS SERVED BY THE MINNESOTA LEARNING CENTER AT BRAINERD SHOULD BE CLEARLY DEFINED AND SPECIFIED.

It should be self-evident that the Minnesota Learning Center cannot be all things to all students. There must be constraints as well as clearly defined goals and specified objectives. The study team suggests that some of the variables and limits to be considered are the following.

Sex: Evidence presented in the preceding chapter indicates that the population served by the Brainerd program should be confined to males. The student population projected for Brainerd is about 4:1, boys to girls. Other similar programs have found the ratio to be as high as 6:1. Staffing patterns, utilization of physical facilities, development of recreational activities, selection of motivators or reinforcements, occupational training and many other factors are complicated when boys and girls with generally poor behavior control are programmed together.

The girls presently programmed for Brainerd are generally incompatible with these boys from the standpoint of age and interests. Housing factors are another variable to be considered. It seems likely that an "esprit de corps" among the girls would be difficult to achieve.

The contention that the Brainerd unit should serve only boys does not deny that a state-wide need exists for special facilities for girls. However, it is the considered judgment of the study team, in light of the established facts, that the most pressing need in terms of numbers relates to boys.

Enrollment: The data available to the study team suggest that the optimal student population for the Minnesota Learning Center at Brainerd might be 45-55 boys. However, the study team recommends that approximately 75-80 be enrolled. This recommendation is made to reflect a compromise between insuring program success and the fact that state-wide needs reflect more students who need help than can be served by a more circumscribed program. It must be seen, however, that a critical variable in program development and success is related to the size of the population. Even though additional staff and space might be added, a student body larger than 75-80 would compound the problems associated with communication, personal involvement and program control. The program conceivably could degenerate into the more typical institutional format where true individualization becomes impossible.

The recommendation that the student population be limited also involves some practical consideration such as the size of the plant and the dollar allocations available for staff. However, the most important consideration is the determination to provide individualized programming for the students.

Types of Students: This study team recommends that the students served by the Minnesota Learning Center at Brainerd should be those who appear to exhibit functional retardation *and* who have severe conduct disorders or poor general behavioral control. This facility should serve educable rather than severely mentally retarded students. Students who exhibit severe emotional pathology or demonstrated limited adaptive ability should not be admitted. Limitation on the range of students will permit the Minnesota Learning Center to focus more directly and specifically on serving as a resource for modifying behavior and increasing academic skills in students who have generally exhibited poor behavioral controls.

Length of Residence: This study team believes that the MLC at Brainerd should serve as a short-term rather than a long-term facility. The overall goal of the Minnesota Learning Center should be to serve as a short-term placement resource (6 months - 2 years) for students who have a rather clear prognosis of some form of later independence in the community. These students will need intensive modification of behavior and academic achievement level and cannot function in the community until some performance modification has taken place elsewhere. This latter point is an important one. The Minnesota Learning Center should not become a convenient "dumping ground" for problem students if they can be programmed and provided supportive educational services in the local community.

Students requiring long-range placement (in excess of four years) and/or intensive psychiatric care should not be considered candidates for the Brainerd unit.

RECOMMENDATION TWO

ADMISSION REQUIREMENTS AND SELECTION PROCESSES SHOULD BE FORMULATED FOR THE MINNESOTA LEARNING CENTER.

The student population for the Minnesota Learning Center at Brainerd for the forthcoming year is largely circumscribed by the transfer of present residents from the Owatonna State School. Even so, attention should be given to admission requirements and selection processes for the MLC. This matter is of great importance because student selection and admission should be influenced by the philosophy and practices of the Center. Similarly, the types of students admitted to Brainerd will shape and determine the program that is to be provided. Selection and admission of students cannot be haphazard, susceptible to outside influences or inconsistent. It should be flexible within the guidelines established for the program.

In beginning a new program, the MLC at Brainerd should be able to profit from the experiences of the Owatonna State School. The data from the present study showed:

1. Students have been placed at Owatonna State School in a broad age range of 8-21 years of age.
2. The measured intelligence of students has ranges from the low educable to slightly above average.
3. The emotional stability of the residents has been from psychotic to minor adjustment problems.
4. Residents' behavior patterns have included those with chronic serious offenses against persons and property to those normal in actions and reactions.
5. Academic achievement has ranged from no measured achievement to relatively adequate functional skills.

These factors are presented only to assert that intake of students cannot be based on the number of beds available at any given time. Too many students, the wrong kind of students, or great variability among students only destroy the coping power of the program. In a similar manner, acceding to county welfare departments in order to remove certain problem children from communities would defeat and destroy meaningful and viable approaches to programming at the MLC at Brainerd.

The study team does not want to make specific recommendations regarding the admission and selection processes and criteria because present pupil data do not clearly indicate the specific aspects of this process. These data do, however, reflect some inadequacies in past practices at the Owatonna State School. In many instances there were poorly defined data collection and retrieval systems and practices. Too much reliance was placed on case workers in county welfare departments. In a number of cases, case workers appeared to have little real involvement in the situation of a child and minimal contact with the local educational agency. The files reveal "emergency"placements at the Owatonna State School where intake and review procedures were not followed in any consistent manner. As might be predicted, a rather heterogenous student population was thus developed at the Owatonna State School.

These observations are presented in a pragmatic rather than critical sense. However, they do lead to the following suggestions for guidelines for admission and student selection at the Minnesota Learning Center at Brainerd:

1. Emergency placements should not be allowed.

2. Community visits should be made by Brainerd intake and outreach personnel to consult with local school authorities, court and welfare representatives, family and the potential student. Intake should rely more heavily upon personal contacts between Brainerd personnel and interested parties at the local community level. There would be less reliance on dossiers of clinical or case history material.

3. A minimum waiting period between the first date of referral and a decision on eligibility should be at least two weeks. Even this limited time is needed to provide for some preparation and reflection.

4. Specified or standard times should be formulated for intake decisions on pending cases in order to avoid less formal procedures.

In summary, the suggestions incorporated in this recommendation reflect the judgment of the study team that policies, philosophy and practices must be developed in order to insure a systematic and appropriate selection of students for the Minnesota Learning Center at Brainerd.

RECOMMENDATION THREE — EFFORTS SHOULD BE MADE TO CREATE A STIMULATING AND ACCEPTING LEARNING ENVIRONMENT AT THE MINNESOTA LEARNING CENTER

The physical plant and the attitudes of the personnel are essential parts of the learning environment. The staff of this study feels it important to comment on some of its observations of the Owatonna State School in order that the new unit at Brainerd might profit from previous experiences. The data in the preceding chapter suggest that the staff of the Owatonna State School may be rather pessimistic in their appriasal of the capabilities and potentialities of the students presently at that institution. This observation based on both subjective and objective measures which were reported. The attitude of the personnel working with students takes on crucial dimensions if recent research by Rosenthal (1968) has any validity. His research suggests that the attitudes and expectations of teachers are a prime determinant of the achievement of students.

The prevalence of conduct problem behaviors among the Brainerd placements also suggests the need to consider carefully the structure and organization of the living areas. These is little empirical evidence available on the relationship between group size and the frequency of conduct problems in institutions. However, the subjective judgment of the study team is that it seems likely that such behaviors would increase in situations where large numbers of residents are concentrated in small living areas. The study team strongly recommends that attention be paid to structuring of living areas to control carefully the number of residents in each area. Attention should also be given to the problems and perceptions of the students themselves. For example, many potential problems might be avioded if the privacy and security of individuals and the possessions could be insured through use of individual lockers and storage areas. This one example could be multiplied many times in order that the individuality and integrity of each student are recognized and enhanced.

The establishment of the new Minnesota Learning Center offers a unique opportunity to break away from past policies, practices, pre-occupations and prejudices. The program at Brainerd can be cast into a new mold. Clear and definite attempts must be made to rid the Brainerd unit physical plan and surroundings from the "institutional" image. This will be difficult, but necessary, if the students are not to be negatively affected in self-concept by the physical environment as well as the presence of large numbers of persons who have the physical stigma often associated with severe mental deficiency. The study team believes that aggressive attempts should be made to have as many learning and recreational-social activities take place off the institutional grounds as possible.

If this latter objective of the program is to be accomplished, there must be close and continuing involvement with the Brainerd community. It is fortunate that the community has a state junior college. The junior college is the source of a potential cadre of interested, social-minded persons who could become involved in the activities of the students at the MLC. However, the staff of the MLC must continually reach beyond this one resource to interpret the program to members of the community in order to elicit their understanding, cooperation and support. The Brainerd public school system might also be considered a potential resource to inject a greater degree of normality to certain aspects of the MLC program. The essential purpose of this recommendation is two-fold. First, it is important that the personnel responsible for the MLC at the Brainerd Hospital engage in a community relations program that will insure the development of community acceptance for the program and its students. This activity should lead to accomplishment of the second purpose which is development of planned community experiences for students. For example, community acceptance is very necessary in the development of independent living skills and on-the-job training opportunities.

The attitudes of the staff must be dealt with through an intensive inservice training program. This task will be discussed in greater detail in a later chapter.

Summary

The recommendations of this chapter reflect the concerns of the study team for (1) student selection and admission; (2) types of students to be served; and (3) the environment of the Minnesota Learning Center. It is recognized that these recommendations are far from definitive although they propose a philosophy which can be translated and applied to other dimensions of the program. There certainly is need to be flexible within the framework of specific goals and objectives of the MLC. Some of the suggestions and recommendations of the study team are summarized in the following table.

TABLE 34

SUMMARY OF STUDENT ELIGIBILITY RECOMMENATIONS FOR THE MINNESOTA LEARNING CENTER

VARIABLE	CRITERIA
1. AGE AT ENTRANCE	9-16 (FLEXIBLE AT YOUNGER AGE LEVEL)
2. SEX	BOYS ONLY
3. INTELLECTUAL FACTORS	MUST BE EDUCABLE AND FUNCTIONALLY RETARDED IN ADJUSTMENT AND ACADEMIC ACHIEVEMENT
4. EMOTIONAL-SOCIAL CHARACTERISTICS	MUST BE CAPABLE OF MAKING GOOD PSYCHO-SOCIAL ADJUSTMENT WITH SPECIAL PROGRAMMING. THIS WILL GENERALLY MEAN THAT DIAGNOSED EMOTIONALLY DISTURBED AND AUTISTIC CHILDREN ARE NOT ELIGIBLE.
5. PHYSICAL CHARACTERISTICS	SHOULD BE AMBULATORY. SEVERE CENTRAL NERVOUS SYSTEM DISORDERS NOT ELIGIBLE.
6. RESIDENCE REQUIREMENTS	MINNESOTA
7. TYPE OF COMMITMENT	LEGAL OR VOLUNTARY
8. COMMUNITY INVOLVEMENT REQUIREMENTS	ALL COMMUNITY & REGIONAL OPTIONS FOR PLACEMENT MUST BE EXPLORED. COOPERATION BETWEEN PUBLIC AND SCHOOLS, CWD AND MLC STAFF BEFORE AND DURING PLACEMENT, AND DURING RE-ENTRY PROCESS AND FOLLOW-UP PERIOD IS IMPERATIVE.
9. GENERAL PROGNOSIS	CAPABLE OF MAKING SIGNIFICANT ADJUSTMENT AND LEARNING GAINS WITHIN 1-2 YEARS GIVEN MLC SPECIAL PROGRAMMING, TO THE DEGREE THAT THE STUDENT WILL BE ABLE TO MAKE A SATISFACTORY ADJUSTMENT AT THE COMMUNITY LEVEL UPON TERMINATION OF THE MLC PLACEMENT.

CHAPTER IV

PROGRAM RECOMMENDATIONS

Introduction

The study team recognizes that the fundamental goal of the program of the Minnesota Learning Center is the preparation of pupils to assume a successful community-living role independent of the institution. The success of this program should be measured by the numbers of pupils who leave the institution and assume successful community-living roles. The vehicle for reaching the goal of returning these children and youth to contemporary society is the educational and living program conducted for them.

In making recommendations for the program at the Minnesota Learning Center at Brainerd, there is heavy reliance upon information generated by pupil assessment and reported in Chapter II of this study. For example, those data indicated that students to be transferred to Brainerd from the Owatonna State School generally have good prognoses. The students seem to have been gathered from around Minnesota for reasons more related to achievement and behavior rather than ability. This practice suggests that the Minnesota Learning Center should be established more in keeping with a learning disabilities model rather than one emphasizing mental retardation. Also, as a result of the insights developed through the pupil assessment activities, it became clear to the study team that the only viable program format for the MLC would be one which could assess and incorporate the potentials of all available resources. Accordingly, the study team discarded as wasted effort any concentration on program designs which would be confined solely within the unit facility or limited to the Brainerd State Hospital Campus. The program must be a flexible one in order to meet the individual needs of all students.

The study group feels that it must be underscored that various facets of the total program at the Minnesota Learning Center cannot be isolated or segregated. Each part or phase of the program of the Center is related to other components. The study team believes that particular consideration should be given to program components in four general areas: behavior, academic skills, vocational skills and recreational and social skills.

Behavior

The Minnesota Learning Center should have as a major emphasis the modification of behaviors which prevent individual students from making satisfactory adjustments to the community. The data detailed in an earlier

chapter disclosed that the behavioral characteristics of students often precipitated a referral to the Owatonna State School. Disruptive, impulsive and aggressive behaviors were shown to be common among that population. It is the strong belief of this study group that many of the undesirable behaviors of students can be changed or eliminated through a well conceived and designed program involving operant conditioning techniques.

Academic Skills

A second major emphasis of the MLC program must be the development of those skills and knowledges that are necessary for community living and the adult work world. Many of the students, particularly those transferring from the Owatonna State School, will be extremely limited in academic areas. For example, academic skills as measured by standardized achievement tests for the group transferring to Brainerd were only the second-third grade level. It should be pointed out that many of these students have not enjoyed the advantage of participating in an academic program individualized to meet their needs. Few of the initial students at Brainerd have experienced any great degree of success in academic areas. Consequently, the study group believes that one of the tasks of the academic program will be to promote or insure success in learning for each individual student. This, hopefully, will produce positive changes in the students' attitudes toward the learning process.

The entire program should have as its main goal the development of *functional* skills. It serves little purpose to have minimal reading skills, for example, if they do not contribute to the future life adjustment of the student and performance in employment. In order to achieve the goal of developing functional academic skills, it is essential that instructional methods and materials be selected which are appropriate for the learning patterns of individual students.

Vocational Skills

The development of marketable vocational skills should be a third major emphasis of the program at Brainerd. The vocational program that is designed should utilize all of the available resources of the Center, the State Hospital complex and the Brainerd community. The development of work skills and work-related attitudes should be sequenced in such a way that each student progresses continuously toward the goal of independent community living.

The Cooperative Vocational Rehabilitation Program staff at the Owatonna State School expects that most of the students transferring to Brainerd will be capable of varying degrees of competitive employment. The vocational program, like the academic program, must be individualized to maximize the aptitudes, interests and other potentialities of the students. The MLC program should give its students a good foundation for employability and should be linked into a service system which leads to a vocational outcome.

Recreational and Social Skills

A fourth major emphasis relates to the development of recreational and social skills which will be important to the student as he moves into life in the general community. Active participation or spectator participation in sports, hobbies and other leisure-time activities can contribute a great deal to a fuller life for students as they reach adulthood. Incidental learnings can be meaningful and useful and often can augment or reinforce the work of the classroom. Learning and development are around-the-clock activities for the students. The recreational and social skills developed by the students could well be crucial factors in adjustment to general community life.

Summary

This introduction emphasizes the fundamental goal of the Minnesota Learning Center which is the preparation of residents to assume successfully a community-living role independent of the institution. Four general areas were singled out for consideration in the development of the program at the Minnesota Learning Center. These are behavior, academic skills, vocational skills and recreational and social skills. Each of these areas will be discussed in greater detail in subsequent recommendations.

RECOMMENDATION ONE — A PROGRAM EMPHASIZING BEHAVIOR MODIFICATION TECHNIQUES SHOULD BE ESTABLISHED AT THE MINNESOTA LEARNING CENTER.

The MLC is conceptualized as a single program for students with varying and complex problems. It is a facility which should offer a complete program of education, treatment and residential placement. But these facets cannot be considered separate and distinct entities within the framework of the facility. Rather, they must be seen as aspects of programming which are inter-twined and inter-related; it is impossible to consider one without giving attention to the others.

With such a structure there is need for common elements across the various educational programs, recreational programs, treatment programs and residential programs. This is necessary if the facility is to function to achieve the goals which are established for each student without regard to the time, place and personnel involved. Therefore, it is recommended that a system of behavior modification be developed for use throughout the total program at the MLC.

The behavior modification approach involves a system of rewards for appropriate behavior which results in an increase in the desired behavior

and/or a decrease in behavior which is inappropriate. It is commonly referred to as a "token economy". It is relatively unimportant whether points, tokens, fictitious money or something else is used as the vehicle by which the students are able to achieve certain rewards. It is important, however, that the structure be provided in which the staff can function in such a program.

The task of providing leadership for the staff in the development of behavior modification programs is important. The designing of behavior modification programs for individual students is often complex. It is necessary to keep records of behavior of the students because these are necessary for assessing the efficacy of the program as well as for research purposes.

Study of this type of program at other institutions reveals that there is often need for consultation when problems arise. Such assistance becomes less effective if the staff members have to wait until a consultant becomes available. In other residential settings programs which seem to be most efficient and effective are those where full-time employees have been given responsibility for the development and refinement of the behavior modification program. These programs have a staffing pattern which includes an individual who is well versed in the application of operant conditioning procedures and contingency management.

Rationale: The rationale for the use of behavior modification techniques at the MLC has been developed from a variety of considerations. Probably the most important of these considerations is the fact that these techniques can be employed throughout the program. Its general applicability makes behavior modification highly desirable because it can serve as a unifying force among the various personnel who will be working directly with students. Further, there is greater potential for changing behavior when an approach can be applied in all aspects of each student's life in the facility. This approach differs from a treatment technique that can only be utilized by highly trained professional personnel. There is little evidence to support the efficacy of development of such highly specialized therapy-treatment programs. New approaches such as behavior modification offer a more viable means of managing or changing disturbing behavior.

Second, consideration must be given to the reactions of present members of the Owatonna State School staff expressed during interviews. The staff generally had two complaints about their program. These focused on difficulties in the communication system and inconsistencies in the handling of students. The use of behavior modification techniques could be a very direct method of overcoming such problems in the new facility. The fact that the Owatonna staff recognized these problems seems to indicate that they would be receptive to a different approach to the management of student behavior. Their attitude increases the chances for success of the behavior modification program.

Third, this type of program has met with success in other residential settings with children whose problems are generally similar to those of students at the MLC. Two programs which have been identified as outstanding are those at the Kennedy Youth Center in Morgantown, West Virginia and at the Karl Holton School for Boys at the California Youth Center, Stockton, California.

Fourth, behavior modification is a technique which can be taught to individuals who do not have extensive educational backgrounds. The concepts and procedures which are necessary to operate such a program are relatively easy to understand. This makes their applicability even greater in that behavior modification can be utilized by both the professional and non-professional staff.

Areas of Applicability: It was pointed out previously that this technique can be used in all areas and programs of the MLC. However, in programming it is necessary that the behaviors to be developed in students be identified as specifically as possible. Therefore, it is recommended that the program consider three areas of functioning within which the techniques may be applied. These areas permeate all aspects of the facility and are not necessarily the responsibility of any one person.

First there is the need for developing behavior in a student which will aid in his adjustment to the community. These same behaviors are desirable in that they help the institution to function efficiently. Because of this latter consideration, one program refers to these as "convenience behaviors". These include such things as arising on time, cleaning up the living area, getting to meals on time and management of time.

A second area to consider in the development of the behavior modification program is the academic sphere. Success in school-related tasks can be reinforced in several ways. The "contract method", for example, is often used in prescriptive teaching. In this approach, the student receives a number of points, tokens or other acknowledgments in return for successful completion of a given educational task. Additional bonuses can be earned for speed and/or accuracy. Accumulated points are used to gain privileges made available to students. The system of expectations and rewards are individualized for each student.

A third area in which behavior modification principles become applicable are sometimes labeled "critical behaviors". These are behaviors which are necessary for the students in order to be successful when they return to the community and/or are those behaviors which are going to interfere with the adjustment upon leaving the residential setting. In one case, the task is to increase desirable behaviors. Suggested areas for the application of the technique are the result of a study of delinquents in California. Such behaviors are not necessarily typical of the Brainerd group of students. However, data presented in Chapter II indicate that the behaviors occur frequently enough to be considered as major problems of the adjustment of students in their communities.

RECOMMENDATION TWO

THE ACADEMIC PROGRAM MODEL AT THE MINNESOTA LEARNING CENTER SHOULD INCORPORATE PRESCRIPTIVE TEACHING.

The prescriptive teaching model for education is an individualized approach to the educational needs of students combined with systemization. It provides structure and organization to activities which, to some degree, have long been present in education. In the prescriptive system model, these individual elements are blended into a whole. The core of the model is prescriptive teaching. Peter (1965) describes prescriptive teaching as:

> A method of utilizing diagnostic information for the modification of educational programs for children with learning problems. It accomplishes this purpose by determining the educational relevance of the child's disability, and devising teaching procedures to yield desirable changes in the child's academic progress, emotional conditions and social adjustment.

The focus of prescriptive teaching is on a student's present needs and problems. The prescriptive system also provides for meaningful interaction of a variety of professionals in solving the educational problems of a handicapped child.

Prescriptive teaching is a term which implies a course of action as a result of careful study of a child's problems. A diagnosis of learning difficulties is of little educational value unless it leads to a course of action. Prescriptive teaching is nothing more than the development of an educational program for children which is based upon an individual diagnosis. As a result it is possible to identify the individual's strengths and weaknesses in those areas of the school program which are under consideration.

Such an approach to the management of students with educational problems has several components. *Diagnosis* is that aspect of the procedure which results in a description of the levels of functioning in various areas. Diagnosis is a continuing function throughout the teaching process. As a result of such a diagnosis, certain *objectives* can be specified. These become the immediate goals of the instructional process. Educational *treatment* is then applied to attain these goals. Finally, an *evaluation* of the total process is necessary. This evaluation serves as a step in the diagnostic process for the next level of instruction.

Diagnosis: Ascertaining the various levels of functioning in an individual child may take many forms and may include various areas of functioning. For most educable mentally retarded students, some assessment of intellectual functioning is usually available since frequently the labeling of children in this category is based upon the results of an intelligence test. The results of intelligence tests are only gross measures of intellectual functioning. There are many other abilities which are not assessed by intelligence tests, and these potentialities must be assessed with other measures and by individual observation of the students.

There must be a careful differentiated assessment of the achievement level of students in the program in terms of the various types of skills which students possess and the level at which these skills are functional. For example, it is important to know at what level an individual is functioning in the reading program. However, it is probably more meaningful to determine at what level the student is functioning in each of the many skills involved in the reading program.

Many of the students at Brainerd will have difficulties in language. Their general language development may lag considerable behind expectations based upon chronological age or the results of testing. There must be careful assessment of each student's ability to understand language, to express himself and to manipulate language concepts in a meaningful way.

Perceptual problems may also interfere with a student's ability to learn. Identification of such problems will aid the development of an educational program which will be successful. Through testing and observation, such identification can take place.

Objectives: A comprehensive diagnosis should result in defining the next level of development in the various areas which are assessed so that appropriate conditions can be established to facilitate learning. It is imperative that the objectives of the education program for each student *at this time* be defined in behavioral terms. These objectives should be highly specific and related to the sequential development of skills.

Treatment: Several approaches can be taken for the treatment of the learning difficulties which have been identified. One of the most common, of course, is to attempt to strengthen the areas of weakness which the diagnostician has identified. If language deficits are found, a program might attempt to treat such deficits and emphasize the development of skills in this area before proceeding with a reading program. The same rationale applies in the area of perceptual difficulties or intellectual problems. Basic to such an approach is the assumption that progress will be made in the skill areas once such difficulties have been treated.

Another approach is to develop an educational program based upon those areas of functioning where the student has some strengths. For example, if a student seems able to comprehend better through the modalities of touch and sight than he does through hearing, he may be placed in a reading program which is basically kinesthetic. If he has difficulty in reading but is able to understand quite well aurally, tapes rather than books may be provided in his educational program. Basically, this approach attempts to circumvent those areas where a student has problems which inhibit his ability to learn.

Generally, the former approach is used with younger children although there are those who use it throughout all age ranges. The circumvention of difficulties becomes more common with older students. In some cases a combination of the two approaches is employed.

Evaluation: If the objectives have been carefully specified, evaluation is merely a matter of ascertaining whether these ends have been attained. If such objectives have been accomplished, evaluation also becomes part of the diagnostic procedure in that it should aid in the identification of the next step which needs to be assessed in the sequence of skill development.

RECOMMENDATION THREE

THE EDUCATIONAL PROGRAM AT THE MINNESOTA LEARNING CENTER SHOULD EMPHASIZE THE DEVELOPMENT OF COMMUNICATION SKILLS.

The term "communication skills" is a broad one. Humans use four modes of communication. They are: speaking, listening, reading and writing. Emphasis on communication skills is essential if the students of the MLC are to live in a democratic society and scientific-industrial culture. Hopefully, concentration on communication skills will provide experiences designed to stimulate adequate expression. Such attention can also promote listening with understanding. It may produce a greater degree of poise and self-confidence through use of language and observation of social amenities. In this day and age it is necessary to broaden student experiences through mass media and to teach the discriminating and appropriate use of these media.

The study team envisions the language arts program at the MLC to include all of the activities which relate to the process of communication. Therefore, these activities will permeate all areas of instruction. The primary areas, of course, are those skills which deal most directly with communication processes such as reading, writing, listening and speaking. However, communication takes places in other curricular areas as well. In order to facilitate development of these skills for individual students, the communication skills/language arts program at the MLC is visualized as involving concepts which lend themselves to individualization of instruction. This program must be related to the prescriptive teaching model detailed in the previous recommendation.

It is recommended that the instructional program in the language arts be based upon a task analysis orientation, the assessment of the specific needs of each individual student. Systematic steps can then be programmed in the skill sequence. From the results of other programs, it is evident that greatest success is achieved when the objectives are as specific and narrow as possible. Task analysis, then, is important so that behaviors to be achieved are identified and appropriate sequential programs developed for each student.

Reading and Writing: The development of reading skills in educable mentally retarded children is at times de-emphasized because of the limited progress that such students are presumed able to make in some programs. It is recommended that the reading program for students in the MLC be based upon the assumption that reading skills will be developed in each individual to the maximum extent possible. The potential for each individual to profit from a reading program should not be based upon predictions made from test results, teacher observation or past performance. It must be recognized that past failures may be the result of the educational program as well as disabilities within the student. In either case, ample opportunity should be provided for each student to be exposed to various methodologies in the teaching of reading. This is necessary to ascertain under what conditions a student is able to learn to read the most efficiently and effectively.

These recommendations assume that personnel with appropirate skills will be available on the teaching staff to provide such opportunities for students. While each staff member may not be skilled in all approaches to reading, differential reading programs must be available to all students. These include reading approaches which stress phonics, those which are based upon sight words, those which utilize a kinesthetic approach, as well as those which are multi-sensory in their basic approach. In addition, programmed reading materials must be available. Some teacher also should be versed in the more unique methods of teaching reading skills, such as the i.t.a. and words-in-color.

There is also an implication that sufficient equipment must be available in order to individualize instruction in such a program. The need for tape recorders and tapes to accompany various materials is obvious as is the need for such equipment as language masters and slide-tape presentations. The availability of single-concept loop projectors will further enhance individualization. The equipment necessary for such individualization of instruction is discussed elsewhere.

It is recognized that even under optimal conditions some students are probably going to achieve at a minimal level. Such individuals may not be able to master the skills which will allow them to use reading as a primary method of communication as adults. It is imperative that an alternative program be available for these students in their later years at the Center. This program should stress the reading skills which are associated with

vocational adjustment, social adjustment and homemaking skills. For example, such a program may teach the unique aspects of reading recipes or job application forms. The objective is to provide students with functional reading skills which can be applied upon their return to society.

It is recommended that the program for teaching writing skills should parallel the reading program as much as possible. Writing also should have as its major objective the development of skills which will be functional in the communication process. Some of the more formal aspects of written language should probably be relegated to a position of minor importance when priorities are given to the various objectives of the program. While some students may be able to profit from such instruction (grammar or punctuation), emphasis should be on the ability to communicate through writing. Those writing skills which are of the most importance in adult life should be emphasized. For example, spelling should probably be taught in terms of a written vocabulary which will facilitate the functioning of the individual as an adult in society rather than being developed from spelling programs which are presently available.

Listening and Speaking: The areas of listening and speaking need considerable emphasis for two reasons. First, it seems unlikely that students are going to make significant gains in the other areas unless they have first mastered skills in speaking and listening. An individual who is unable to comprehend spoken language is probably going to have even greater difficulty in comprehending written language. The person who is unable to express himself with some degree of proficiency through speech is unlikely to do very well in writing.

Second, these avenues of communication are going to be of prime importance to adults in society. Most of the instructions which these individuals will receive in society, whether it is on the job or in the home, will be through listening to someone. Also, these adults are going to communicate primarily through speech rather than through writing.

Aspects of speaking and listening should be developed in all areas of the Center's program. This emphasis has implications for counselors as well as teachers. It has meaning for the types of materials which should be available in the media resource center and for the type of evaluation which each student should receive.

A more formal program of language development may be necessary for some students who have severe deficits in the area of oral communication skills. There may be a need for remediating severe language deficits in a more systematic way than through the functional use of such skills.

RECOMMENDATION FOUR — A MEDIA CENTER SHOULD BE DEVELOPED AT THE MINNESOTA LEARNING CENTER.

The recommendations concerning a prescriptive teaching model and an emphasis on communication skills imply the need for establishment of an instructional media center at the Brainerd facility. This is an important adjunct to the educational program in order for the students to develop skills to the optimum. It is necessary to provide an environment in which each student may progress at his own rate. An extensive instructional media center can be a resource which provides opportunities for students to use various modalities in learning. By definition, such a center would include printed material, audio-visual equipment, manipulative materials and other instructional materials necessary for the development of communication skills.

Special education, perhaps more than any other phase of education, needs to utilize a wide variety of information, materials and resources. Unless these are made readily available to the staff of the MLC, its programs are likely to fall short of providing the most effective instruction for its students. The need for instructional materials centers was first demonstrated in the area of mental retardation. Today, with more emphasis on the special learning handicaps of individuals, there is need for even greater amounts of materials and equipment.

The prime objective of the instructional media center at the MLC would be to provide the structure and organization to give teachers, administrators and other related personnel ready access to various kinds of materials, information and research related to the needs of the residents at the center. The instructional media center could acquire and process information and materials related to special education. It should also be considered as an integral part of the ongoing, inservice program for the entire professional staff of the Center.

A major part of the program of the instructional media center should be to become an instructional materials depository which houses materials that have been designed for use with the specific learning problems of students. It is possible to develop an excellent instructional materials center by making use of the experiences and collections of other programs. There are many good instructional materials centers located in the midwest as well as nationally.

The instructional media center is viewed by the study group as analogous to the heart of the human body. Without it pumping life-giving materials to individual programs, they will fail to function.

RECOMMENDATION FIVE

THE PROGRAM OF THE MINNESOTA LEARNING CENTER SHOULD DEVELOP WITHIN ITS STUDENTS A SOCIAL COMPETENCE CONSISTENT WITH CONTEMPORARY LIFE STYLES.

The program goals of the Minnesota Learning Center require that the envorinmental setting be consistent and augment the overall objectives. The environment should:

1. Have a high degree of comparability with contemporary community life styles as reflected in grooming and dress codes.

2. Promote individual self-responsibility for day-to-day living requirements.

3. Provide opportunity for the development of healthy interpersonal relationships typically found in community living.

4. Establish patterns of self-directed activities which are acceptable in the general community.

It is recognized that a warm, secure living environment in the MLC could contribute to the desire to "stay in" rather than "exit from" the program. The environment of the MLC must promote self-responsibility and directiveness in students and provide continuously expanding opportunities to move out into the community from this secure base. Institutional dependency must be replaced by competent individual determination.

Independent or semi-independent living skills must be demonstrated by a student prior to community re-entry. Thus, the study group feels that the MLC program should provide the experiences considered essential to successful community participation. Each student must acquire attitudes and life styles which enable him the opportunity to achieve the highest level of self-sufficiency of which he is capable. A specific goal for the MLC should be to make each student socially acceptable for community re-entry. This might include allowing students to devise their own dress codes and personal grooming codes consistent with adolescents in the broader community.

Many program tasks must focus on segments of individual social deficits. Major dependence upon situational learning is imperative because of the learning characteristics of students. A realistic setting must be provided in which the cumulative input of the program can be applied or practiced. An independent living unit should be developed for apartment-style living in which individuals are afforded opportunity to participate, learn and demonstrate degrees of self-independence.

The readiness of an individual for community restoration might further be tested by the establishment of community family placements within the city of Brainerd or the surrounding area. A student could then be provided with a gradual acclimation to family and community participation priot to discharge from the MLC. Community foster placement conceivably could occur in conjunction with another parallel activity. For example, the student might live off-campus while participating in the final phase of vocational training or concurrent with a community public school program experience.

An important part of the pilot vocational, independent living or school experience might be to provide immediate feedback about the MLC program. This monitoring could evaluate the effectiveness and/or appropriateness of the program methodology at the MLC and might be used for further evaluation and planning.

An independent living program should be a continuum of sequentially structured training that ranges form basic practicalities to a pilot community home placement demonstrating each student's acquired skills. This continuum should enable each student to have program options based upon his individual needs. Staff involvement is viewed as ranging from intensive (teaching) to non-directive guidance. Specific goals of the independent living program might include:

1. Constructive family participation
2. Recognition of family responsibilities
3. Hygienic grooming habits
4. Acceptable recreation activities
5. Maximum development of self-help skills.

Social development of the students should be considered the responsibility of all professional and non-professional staff. A functional program will encompass training in leisure-time skills and social outlets through organized and free recreational activities.

Social competence for students should be defined broadly as the adequacy of the person to function in the non-work world. Social functioning usually disintegrates before there is a breakdown in the more organized functions of employment. Losing a job often results from inadequate social functioning rather than lack of ability to perform in a productive manner. Consequently, the ability of individuals to live satisfying lives alone and in relationship with others in a variety of social situations is of great importance to the students of the MLC. How a student learns to use his leisure time often makes a difference in his chances of remaining in the community. Inappropriate or unwise use of leisure time often precipitates rejection by the community.

The standards of social activity in the MLC program, skills of the individual students, their expressed needs and acceptance by others should be the focus of a social development program. In order to make such a program operational within the MLC, it should be thought of as having three components. These are the learning phase, the outlet phase and the student participation phase.

Learning Phase: This phase involves actual teaching of skills in the social activities commonly pursued by students in their local communities. These skills vary for individuals and so might include activities ordinarily found in small towns, ghetto areas, suburban areas, rural or densely populated regions. The learning phase should have elements of competition, group social activities and personal hobbies. It should recognize the importance as well as the difference between participation and spectator-type activities. Participation in leisure time activities is essentially voluntary, and students participating look for satisfaction derived from confidence in their own skills or ability to relate to others. These skills must be taught deliberately.

Outlet Phase: This phase consists of the organization of activities for the social enjoyment and choice of the students for recreation; it emphasizes choice by the student, leadership of the staff through good planning and the enjoyment and involvement and satisfaction of the participants.

Planning Phase: Historically, recreation programs in institutions have often involved the compulsion to organize recreation activities, which are planned, conducted and evaluated by the staff with the participants excluded from all but actual participation in the activities. Students, if they had a choice, could participate or refrain from participation. Thus, the sole criterion of a "good recreation activity" was large participation by the students.

It has become increasingly recognized that there must be student planning as well as participation in activities. A student council could promote both planning and participation. A student council needs to be specifically identified. It cannot be viewed only as a means of communication from the staff to students. Rather, it should be thought of in terms of communication between staff and students. A sound by-product of a student council is broader participation in governance.

All phases of the program to develop social competence among the residents of the MLC should have involvement of volunteer services from the community. Examples of the kinds of social activities that the Center could offer include both on and off campus activities such as competitive sports, crafts, social games, bowling, movies, dancing, drama, music, parties, picnics, church activities, indoor and outdoor games, reading, collecting, fishing, swimming, snowmobiling, camping, service to others, spectator events, and a host of other things dependent upon the interests of students.

RECOMMENDATION SIX — THE MINNESOTA LEARNING CENTER SHOULD DEVELOP A PROGRAM OF VOCATIONAL TRAINING FOR ITS STUDENTS.

The actualization of a vocational plan should be a primary goal for each student. Due to their age this objective may be appropriate for only 40 to 50 percent of the transfers to Brainerd. Vocational training as a discipline might well serve as a supplemental resource for prescriptive programming based upon individual needs. A job training situation could prove to be one of the most effective modalities through which behavior patterns are modified or reinforced.

Vocational training should emphasize actual work experience situations. Specific training in the type of employment in which students will ultimately be placed is often necessary. This is because the students currently to be served by the MLC often have a relatively poor ability to generalize information or experience. It is important that the vocational program be sequential and provide a series of intermediate goals culminating in the acquisition of sufficiently marketable skills to permit community employment for students.

A heirarchy of training opportunities for the MLC program might encompass situations such as the following:

1. Work laboratory or simulated sheltered workshop. The first step would be to provide for such a setting in the sequential vocational plan. This setting affords a relatively sheltered environment which is amenable to structuring various contingencies necessary to the development of positive attitudes such as responsibility and awareness of productivity and quality demands. In addition, proper inter-personal relations with co-workers and supervisors can be explored and developed.

2. Part two of the vocational training program should be an apprenticeship experience within the school building. This provides the student with a gradual introduction to basic procedures and equipment considered fundamental to particular work situations. When the student demonstrates a degree of interest and aptitude in the pre-vocational program, he may progress to an employment situation within the institution.

3. Institutional employment. All areas within the institution, such as the laundry, hospital, dietary, vehicle maintenance and housekeeping, that have employment opportunity counterparts in the community should be developed as potential employment (training) situations. Students placed on institution work assignments should be required to perform the job duties as an employee responsible to employer supervision. In short, they are required to demonstrate and develop their employability as a pre-requisite to community placement in on-the-job training situations.

4. Off campus on-the-job training. The establishment of employment situations in the community similar to those in which the students have been trained is essential. These are situations in which the employer agrees to provide supervision and training to the employee, the expense of which may be reimbursed by the Division of Vocational Rehabilitation. The suggested length of time is 3 to 4 hours per day for 6 to 8 weeks. Upon successfully completing the on-the-job training, the student may be vocationally ready to return to the community.

The State Division of Vocational Rehabilitation and State Department of Public Welfare involvement and financial support must be expected as integral components of both the independent living and vocational training programs at MLC. DVR must take responsibility for providing both independent living maintenance support (personal adjustment training) as well as on-the-job training grants. That agency must further be prepared to accept the temporary or transitional conditions of both situations as necessary in the preparation of Brainerd students for community re-entry.

Present criteria regarding eligibility for service will disqualify approximately 50 percent of Brainerd's population from receiving DVR services. In such cases the Department of Public Welfare must obligate itself to support those students for whom DVR is unable to provide rehabilitation. Ideally, to insure continuity of egression into home communities, personnel from both agencies should be attached to the Brainerd unit. An alternative might be the appointment of specific personnel responsible for and empowered to authorize agency commitments throughout the state.

RECOMMENDATION SEVEN — THE EDUCATIONAL PROGRAM AT THE MINNESOTA LEARNING CENTER SHOULD BE APPROVED BY THE DEPARTMENT OF EDUCATION.

The educational program at the Minnesota Learning Center must be equivalent to or better than programs generally offered to educable retarded students in junior and senior high schools in Minnesota. In many respects the MLC has the opportunity to be an innovator and to make a program that can be a prototype for public school endeavors.

It has been frequently stated that a major objective of the MLC should be to return students to their home communities. If this goal is to be accomplished, procedures must be developed to insure that credit for courses completed at the Brainerd unit should receive full value toward completion of graduation requirements in the home community. In the opinion of the study group the establishment of such an equivalence system would require:

1. State Department of Education approval of the program at Brainerd.

2. Communication to Minnesota school districts that credits earned at the Minnesota Learning Center are transferable to local districts and should be considered equivalent to locally earned credits.

The staff of the Minnesota Learning Center and other Department of Public Welfare personnel should explore the whole matter of equivalency of grades and credits with the Department of Education at an early opportunity. An extension of this question, and an important consideration, is the matter of high school graduation. In the competitive work world, the possession of a high school diploma is now viewed as a pre-requisite for entry into many occupations. Students completing the MLC program should receive some similar recognition.

RECOMMENDATION	MODIFICATIONS SHOULD BE MADE TO THE PRESENT
EIGHT	BRAINERD FACILITY IN ORDER TO ACCOMMODATE THE LIVING-LEARNING AREAS OF THE MINNESOTA LEARNING CENTER.

The educational program envisioned for the Minnesota Learning Center must be housed in a living-learning space that allows for the activities to be carried out. The building modifications described below are essential for operationalization of the program.

1. Provide home-like atmosphere and noise control by carpeting corridors in sleeping wings, day rooms and present dining room. This will require approximately 1800 square yards of carpet at an estimated cost of $10 per yard.

2. Provide a de-institutionalized atmosphere by re-painting all areas using modern coordinated colors.

3. Convert present kitchen and dining area into a modular learning center, including establishing a resource center and home economics training area. This would require removal of present kitchen serving and dining equipment, dishwashing, etc., from rooms 146-147; patching walls, removal of low partition and rebuilding of ceiling between rooms 148-146.

4. Convert laundry rooms 224 and 141 for use of students in washing and drying clothes. This conversion would entail moving base cabinets, providing plumbing connections for two washers and two dryers; the 220 volt service and small sinks to remain.

5. Convert rooms 140 and 223 to snack kitchens for students. Required work includes: placing 20 x 42 stainless flat rim sink in left end of cabinet under windows on exterior wall, provide sink faucet with hot and cold water. Provide one 220 outlet for stove; one 110 volt outlet for refrigerator on the northwest wall; and provide two 110 outlets on the southeast wall.

6. Provide access to patio by placing door in south of day-room (room 121).

7. Establish office and records area by dividing waiting room (room 102) into two offices.

8. Create two private bedrooms out of each current large bedroom. Divide large bedrooms, two each, of five bed-room units into two single rooms - partition to be in center with doors set at an angle from clothes cabinets.

9. Install privacy door in new wing between toilet area and washroom area. Remove three lavatories in washroom area, build counter in place where lavatories are removed and install a small 16 x 16 sink with strainer.

10. Provide privacy toilet partitions in all areas by raising low wall by water closet to ceiling. Install frame and door so as to have vestibule entrance for more privacy in shower area. Install valves on shower heads in showers in these areas, all five bedroom wings-fifteen total. Remove one water closet, install one wall urinal - five units.

11. Refinish floors in shower areas with epoxy floor covering. Approximately 3,000 square feet of area.

12. Drape all bedrooms.

Summary

This chapter has presented recommendations pertaining to the program at the Minnesota Learning Center. Four areas received particular stress. They are the program components of behavior, academic skills, vocational skills and recreational and social skills. Each aspect of the total program must be included in order to prepare students to assume successful community-living roles. Concepts such as behavior modification, prescriptive teaching model, instructional media center and the living-learning facility were also discussed as integral parts of the total educational program at the Minnesota Learning Center.

Chapter V

PERSONNEL RECOMMENDATIONS

The staff of the Minnesota Learning Center will have crucial importance in determining the success of the program. In order for the organization to fulfill its mission, its personnel must coordinate their efforts to produce an outcome which any one professional discipline or individual would be unable to achieve alone.

The inauguration of the Minnesota Learning Center has both advantages and disadvantages related to personnel. It provides an opportunity to develop personnel policies and practices without being bound by previous precedents. The staff complement and organization can be determined on the basis of the needs of the program rather than promoting or maintaining positions because of their previous existence. The Minnesota Learning Center can break away from traditional designations of positions. Position titles and descriptions may be made to reflect more clearly the responsibilities and abilities of staff members. For example, the Center can employ diverse personnel such as Educational Diagnosticians, Behavior Modifiers, Instructional Media Specialists, and Social Rehabilitation Services Technicians.

Relatively few of the professional staff of the Owatonna State School will transfer to Brainerd. This, too, has both advantages and disadvantages. Certainly, the MLC program could profit from the experience, competencies, and knowledge of the students possessed by these individuals. On the other hand, a "fresh" start is possible with personnel recruited and selected for specific tasks and responsibilities. The study group recognizes that a major personnel limitation is that Civil Service classifications and salary ranges do not always attract the caliber of people who can effectively adjust to the kind of program recommended in this study. This is one reason that heavy emphasis will be given initially to inservice training for the entire staff of the Minnesota Learning Center. Experience has shown that the competencies of staff can be increased and behaviors modified if proper instructional methods are applied in the inservice training process.

Two separate but related themes will recur in the recommendations regarding personnel. The first is the belief that, in order to attain the goals and objectives recommended for the Minnesota Learning Center, it is necessary to staff the Center with the appropriate personnel to

carry out the program. The staffing pattern must clearly reflect the needs of the students enrolled in the Center and related to the organization of the program.

A second theme is the necessity for a differentiated staff. There are many degrees and levels of knowledge and competence needed to meet the individual differences of students and the diverse demands of a living-learning Center. There will be complex and often interrelated factors in the learning and living program of the MLC. The program for each student must be highly individualized. It must be able to relate to the affective as well as the cognitive needs of the students. The staffing patterns, administrative organization, and inservice training programs must be designed to accomplish these ends. This report has emphasized that no one segment of the program, professional discipline, or individual is of greater importance to the successful functioning of the program at the Minnesota Learning Center. Rather, although there is differentiation of the staff and responsibilities, each is necessary for a meaningful and effective program.

An essential point to keep is that the program of the MLC is an around-the-clock, around-the-year operation. This fact will be reflected in both the numbers and the kinds of personnel required for operation of the program. The recommendations of this chapter will be confined to personnel considerations directly related to the MLC program. It will not, for example, deal with specific personnel needs for maintenance, custodial, food preparation, and other less direct services.

RECOMMENDATION ONE

A DIRECTOR AND ASSISTANT DIRECTOR SHOULD BE EMPLOYED TO GIVE LEADERSHIP TO THE PROGRAM AT THE MINNESOTA LEARNING CENTER

The Director of the program at the MLC occupies a central position. He is at the point where individual needs, program demands, philosophy, personnel considerations, budgetary limitations, and other forces meet and interact. The role of the Director is that of a strategist who takes the discrete human and material components of the MLC, the Brainerd community and state, and rationally and artfully combines them to build a functioning whole. His will be an ever-changing situation in that the Center must be an educational instrument for a particular group of students with particular needs at a particular juncture in time. The Director of the MLC must constantly test propositions to determine the following:

1. Goals and objectives of the MLC which give order and direction to the program and facility.

2. An administrative theory to provide order to the environment.

3. The needs, expectations, and demands of the MLC.

4. The scope of administrative authority and responsibility in the job of administration.

5. A concept of organizational structure which relates institutional expectations to the needs and satisfactions of the staff and students.

6. The administrative process by which the organization is facilitated in making decisions.

A major responsibility of the Director of the Minnesota Learning Center must be to provide leadership and direction to the ongoing program as well as short-term and long-range planning. This observation does not imply that the Director of the MLC will work in isolation. Certain kinds of decisions are made and planning done in conjunction with the staff of the Center. The organization and administration of the MLC is a complex task in that there are many dynamic forces and needs constantly interacting.

The Director of the MLC will be charged with the overall responsibility for operation of the facility. This entails a number of responsibilities. One of the most important of these responsibilities is giving direction to program development. It appears that there is particular need to provide the Director with assistance in this area.

It is recommended that an Assistant Director be employed with major responsibilities in the area of instructional and total program development. This would insure continuing evaluation of the program and leadership for instituting changes when they are apparent. Such a position would also facilitate or insure coordination within the various operations and programs of the MLC.

The position of Assistant Director requires an individual with administrative skills, and understanding of educational programming, and methods of evaluation. The Assistant Director would be responsible to the Director. He is viewed by this study group as being responsible for the coordination of all program services at the MLC and having direct responsibility for the programming and assigning of students. The Assistant Director should be responsible for supervising the staff and for assuming total responsibility for the facility in the absence of

the Director. The Assistant Director should work directly in the areas of program development and program evaluation. Such a position requires a Master's degree in educational psychology, education, or psychology with experience to demonstrate appropriate administrative skills.

The fact that this recommendation for a Director and Assistant Director for the MLC comes first in this chapter is not accidental. It illustrates the feeling of the study group that such leadership is of crucial and priority importance in the establishment and maintenance of a program of excellence at the Minnesota Learning Center.

RECOMMENDATION TWO — PERSONNEL SHOULD BE EMPLOYED FOR EDUCATIONAL ASSESSMENT SYSTEMS AT THE MINNESOTA LEARNING CENTER

Emphasis in the preceding chapter on programs included the need for diagnosis, educational planning, prescriptive teaching, and behavior modification. The cornerstone of this process is the careful assessment of each individual student. Such an assessment often reveals how a student learns, under what circumstances, in what manner, using what modalities, and capitalizing on what materials. Assessment also suggests physical, mental, social, or emotional factors which could interfere with the educational process and which must be taken into account in educational planning. A complete assessment system not only *implies*, but *necessitates*, the presence of diagnostic and educational specialists.

The prescriptive teaching aspect of the program recommended for the Minnesota Learning Center requires that an adequate analysis of the problems of each student be made before determining and designing a suitable program for this individual. An educational diagnostician with appropriate supporting services could give supervision and direction to the diagnostic services within the educational program. An educational diagnostician could coordinate the assessment process for each student so that deficiencies as well as strengths are determined before developing the student's educational program. The position of educational diagnostician is viewed by the study team as one entailing considerable individual work with students, coordination of efforts of other teachers, and interpretation of learning difficulties to the remainder of the staff.

It is recognized, however, that no one person can have skills in all areas of the diagnosis and treatment of learning difficulties. Therefore, there must be other members of the assessment system which supply input for the overall diagnosis. Psychologists and social workers primarily

serve staff functions as part of the assessment system. Each discipline provides information and background necessary for the understanding of the whole child. Speech therapists and counselors may be involved in the assessment process as well as working directly with the student. There are teachers with abilities in both the developmental and remedial aspects of academic skills development who can also serve as supporting staff in the area of diagnosis. Their primary responsibilities, however, must be in the area of instruction.

It is not possible to separate educational diagnosis from assessment of behavioral characteristics. It has been pointed out that behavior modification should be a part of the MLC program. This approach requires that the staff be trained and that appropriate assistance be provided in terms of consultation and inservice training. It appears to the study group that the behavior modification aspects of the MLC program are of such critical importance that they require a full-time person to take responsibility for this one area of the program. The person responsible for behavior modification must be part of the student assessment system. He must also be involved in the input and output of the total planning for each student.

The concept of a "team approach" is often used in discussing educational planning. Sometimes the concept is overemphasized or used in an inappropriate manner. In the case of educational assessment and programming for students at the MLC, cooperative involvement of a number of professional persons is essential. Consequently, there is need for the employment of different kinds of specialists who can contribute to the comprehensive understanding and meaningful programming for each student.

RECOMMENDATION THREE

PERSONNEL SHOULD BE EMPLOYED TO MEET THE DIVERSE NEEDS OF THE TOTAL INSTRUCTIONAL PROGRAM AT THE MINNESOTA LEARNING CENTER

Assessment should lead to programming. Programming requires competent and trained personnel to implement the recommendations of the assessment system. Quite naturally, in order to implement the recommendations of the assessment system, there must be adequate staff to program effectively in different educational areas to meet the individual needs of students. For students with language arts difficulties or mathematics troubles, teachers with background, training, and experience in the developmental and remedial aspects of these subjects is of great importance. For students who have difficulties in group relationships and/or difficulties functioning in family situations, the teaching staff in the social studies area, home economics, industrial arts, and driver

education can be of importance in influencing academic progress as well as fostering good social and emotional development. Teachers alone cannot provide the full range of experiences that are demanded by the classroom. The use of non-certified teacher assistants in classrooms should promote greater individual attention to students as well as more effective use of professional talents and energies.

This report has emphasized the need for pre-vocational and vocational training for the students. Teachers in these areas, too, must be able to work with students with learning problems.

An Instructional Media Center has been recommended for the Minnesota Learning Center to serve as the "hub" of the educational program. This recommendation assumes that in this type of facility the staff will be able to obtain the materials, equipment, and technical assistance to provide the most appropriate educational program for each student. In order to achieve this purpose, it is necessary that the Instructional Media Center be staffed by a person with professional preparation and experience for such a position. The fact that the teachers will obtain most of the materials for the educational program for each student through the Instructional Media Center is an indication of the importance of the position.

RECOMMENDATION FOUR — THE STAFF OF THE MINNESOTA LEARNING CENTER SHOULD INCLUDE VARIOUS KINDS OF SUPPORT PERSONNEL

The need for supportive staff seems clear in order that a differentiated staffing pattern may be developed. The study group believes that at least three senior special school counselors should be employed. This would permit one to be in charge of each shift. In addition, there is need for twenty special school counselors and sixteen social rehabilitation service technicians.

In order to meet the needs of older students at the Minnesota Learning Center, there will be an increasing need for personnel to assist them in their vocational planning. The program must provide for counseling and guidance about vocational choice, training opportunities, placement, and followup. Such services *cannot* be provided within the MLC alone. They will require utilization of services within the community, liaison with services in a student's local community, and possibly the utilization of services in other parts of the state. It is recommended that a vocational rehabilitation counselor be employed to provide these services. It may be possible that a rehabilitation counselor can be

obtained through the auspices of the Division of Vocational Rehabilitation and assigned or attached to the Minnesota Learning Center.

It is not unusual that problems are encountered at the local community level because of lack of communication between agencies or with the institution. It is recommended that the staffing pattern of the Minnesota Learning Center include social workers. They can maintain liaison between the MLC and the local community. These social workers can also facilitate communication between agencies in the community when plans are developed for individuals either attending the MLC or being considered for placement. These social workers can also work directly with parents of students.

The study group believes that a volunteer services coordinator will be needed as part of the staff of the Minnesota Learning Center. Much of the success of the MLC will depend on the use of volunteers from the Brainerd community. The efforts of these individuals and groups must be coordinated in order to be most effective. The volunteer services coordinator can also play an important role in the building of good community relationships and understanding.

Many of the students at the MLC will have physical or medical problems. It is recommended that a registered nurse be employed to oversee the health needs of the students. The nurse can also provide liaison with other medical services.

It is also recommended that a recreation director be employed for the MLC. The physical, social, and recreational aspects of the program at the MLC will be quite involved. There is need for a recreational director to assume responsibility for the many areas involved in this phase of the program.

RECOMMENDATION	CONSIDERATION SHOULD BE GIVEN TO THE
FIVE	QUALIFICATIONS AND RESPONSIBILITIES
	OF EACH POSITION AT THE MINNESOTA
	LEARNING CENTER

The Minnesota Learning Center should develop position descriptions for its various jobs and personnel. A position description is the final product in delineation of responsibilities within the MLC. It is a directive or statement of the expected behavior of an individual within the framework of the program. This statement defines the

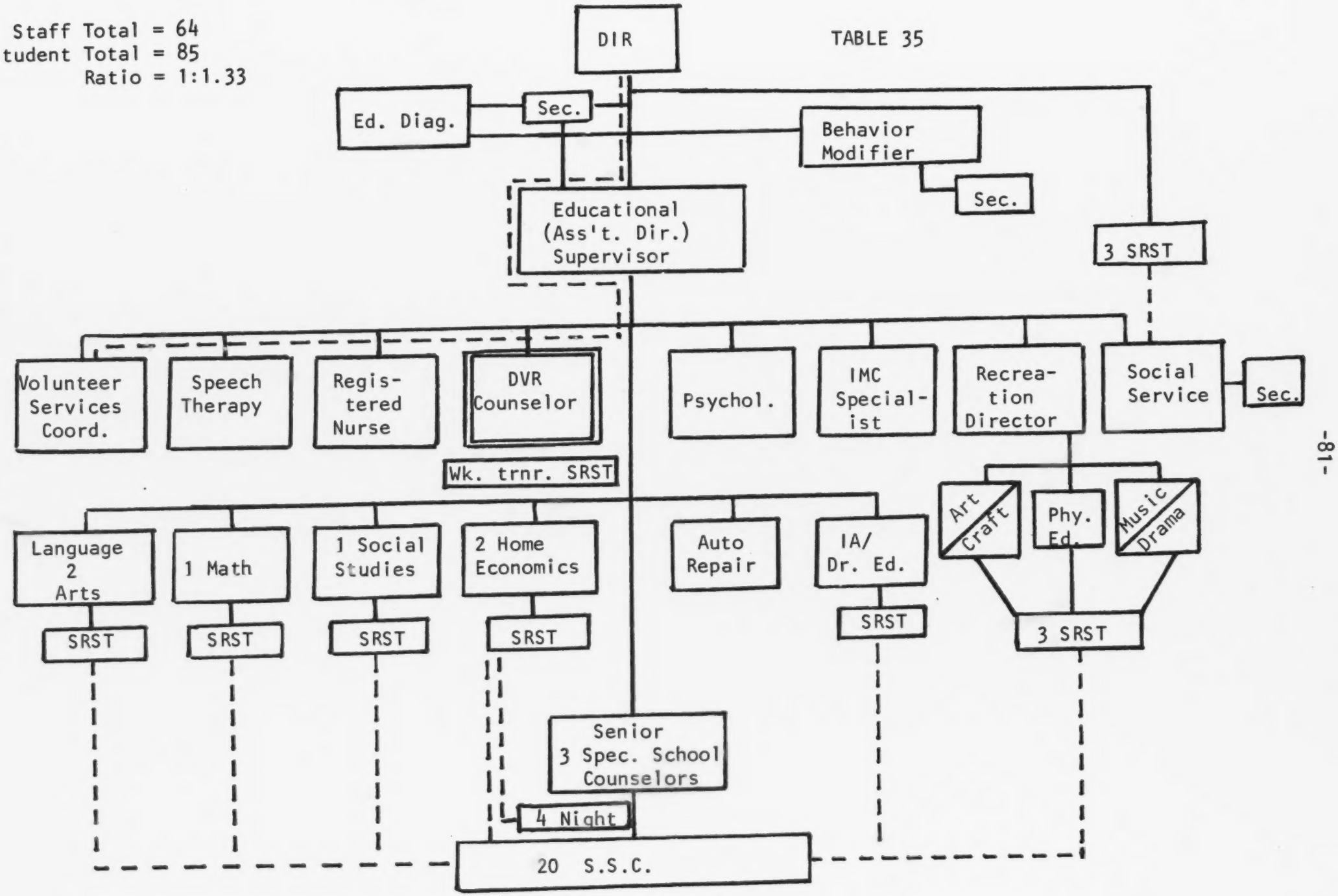
objectives of individual assignments, outlines tasks and responsibilities, and indicates relationships with other assignments in the MLC team.

The development of position descriptions can be a specific aid to the MLC program because it provides a definition of the goals of the Center and standards of performance which guide the selection, development, placement and promotion of personnel. The collection of position descriptions as a whole can provide guidance to the development of the program.

Position descriptions are a more detailed statement of the authorities and responsibilities described generally in the organization chart. The position descriptions must be consistent with this organizational structure. Table 35 on the following page presents an organizational chart representative of the views of this study group. Suggestions have also been made for some of the responsibilities and qualifications which might be included in position descriptions.

Staff Total = 64
Student Total = 85
Ratio = 1:1.33

TABLE 35



5 students/counselors

STAFF COMPLEMENT AND RELATIONSHIPS

Educational Diagnostician

Responsibilities: This position requires competence in areas such as achievement and diagnostic testing, remedial education systems, instructional media, alternate strategies of teaching, and detailed knowledge of developmental sequences in learning. His duties focus primarily upon the analysis of eeucational difficulties and deficits of individual students and the prescription of appropriate techniques, materials, and other methods to further learning processes. Implicit in the duties of this position is the concept that the educational diagnostician is responsible for the process of on-going evaluation and assessment of pupil progress. This includes the understanding of process evaluation so that instructional changes are made as a student progresses in an individually prescribed program.

Qualifications: To be an educational diagnostician requires training and experience in elementary education or special education. Experience preferably should be in more than one type of instructional organizational pattern. Experiences in team teaching, individualized instruction, or semi-departmentalized programs as well as in self-contained classroom settings would be desirable. Additional training in a program designed to give skills in the broad area of special learning disabilities is also required.

Behavior Modifier

Responsibilities: This position requires that the individual have a broad background of behavior modification and its application to the remediation of behavioral problems and/or academic deficiencies in students. He must be able to develop a program of behavior modification in the MLC population which is applicable to both the formal education setting as well as in the group living areas. He must also develop an in-service program for the staff designed to increase their skills in the area of behavior modification. He consults with the Director of the Center concerning the institutional needs as they relate to the behavior modification system. The behavior modifier is responsible for the maintenance of records and statistics for the purposes of feedback to the staff and research.

Qualifications: This position requires a person have appropriate training in the area of behavior modification. The training most likely should be at the post-baccalaureate level. Experience in programming a system of behavior modification is desirable.

Language Development Teacher

Responsibilities: The language development teacher must have competence in teaching and in assessing development of students in the communication skills of reading, speaking, writing, and listening. He should be able to provide a basic program of developmental reading for students, diagnose communication difficulties, provide specific treatment for difficulties, and develop reading programs utilizing different approaches and modalities. He should assist other teachers in working with students who have communication problems. The position also entails the supervision of teacher aides and of developing programs to be carried out independently by these aides during after school hours.

Qualifications: The language development teacher must have a minimum of a Bachelor's degree with advanced training in special education, reading, or special learning disabilities. Experience as an elementary or special education teacher is desirable.

Mathematics Teacher

Responsibilities: A mathematics teacher should be able to provide a basic program of developmental arithmetic for students at the Center. He should be able to diagnose arithmetic difficulties and develop programs to remediate these difficulties. He assists other staff members in developing meaningful experiences for students in the area of mathematics. He must also be able to supervise teacher aides and to develop programs to be carried out independently by these aides.

Qualifications: The mathematics teacher position requires a Bachelor's degree with experience in elementary education or special education with demonstrated competence in the area of mathematics.

Social Studies Teacher

Responsibilities: This position requires the ability to develop specific programs for students designed to provide them with the skills necessary for living outside of the residential setting. This teacher deals with such activities as providing constructive family participation experiences, developing recognition of family responsibilities, learning health and grooming habits, providing acceptable recreational activities, and the maximum development of self-help skill. The responsibilities of this position also require that the individual be able to work with other staff members in developing experiences when deficits are noted. Community programs must be developed to provide for experiences for students outside the residential setting.

Qualifications: It is presently recognized that this position is one for which no training programs presently exist. A Bachelor's degree in education is necessary and some experience is desirable. Even more important is the ability to design creative activities for students to attain the objectives discussed above.

Home Economics Teacher

Responsibilities: The home economics teacher must have competence in the general area of home economics. Particular knowledge is needed of areas which are related to the practical skills which the students at the Minnesota Learning Center will need as they re-enter community living. The home economics teacher must have the ability to develop a program designed to provide mentally retarded students with practical skills in the various areas of homemaking and personal care. It further requires that he assist in the development of experiences which will provide an opportunity for the student to utilize this type of training. This means a close working relationship must be established with other members of the staff at the Center. This relationship is particularly important with those who have supervision responsibilities during the time students are not in classes.

Qualifications: This position requires a Bachelor's degree in home economics education.

Industrial Arts Teacher

Responsibilities: This position requires the teacher to be competent in the areas of industrial arts (particularly wood and metal) and crafts. The individual in this position will need to devise programs designed to develop skills in these various areas for students who have demonstrated rather severe learning problems in many areas of the school curriculum. The industrial arts teacher must be creative in developing ways of circumventing these difficulties to develop appropriate skills. It further requires the development of leisure-time activities in industrial arts and crafts.

Qualifications: This position requires a Bachelor's degree in industrial arts education.

Music Teacher

Responsibilities: This position requires general competence in the area of teaching music. The music teacher that is employed should

be oriented more toward a music therapy approach rather than teaching the technical aspects of music. The position involves the development of music programs for students who have difficulties in most other areas of the school curriculum. This means that music experiences must be provided which are not dependent upon the ability of the student to read a symbol system or have well developed language skills. The music program should develop activities as it may relate to the use of leisure time. The music teacher will also need to work with other staff in the development of musical activities and experiences which can be part of other areas of the MLC program.

Qualifications: This position requires that the teacher possess a Bachelor's degree in music education. Some training or experience in programs which utilize music as a recreational and/or therapeutic approach is preferred.

Art Teacher

Responsibilities: The art teacher must be a person who has the ability to provide artistic experiences for students with learning difficulties. This teacher should have the ability to develop a program which will provide an opportunity for expression through the various art media. The person in this position must be able to develop art experiences appropriate to the development of students and their particular skills. The art teacher must be able to develop such programs as recreational and/or therapeutic activities rather than emphasizing technical qualities.

Qualifications: This position requires a Bachelor's degree in art education. Some experience in programs which utilize art activities for the recreational and/or therapeutic value is preferred.

Physical Education Teacher

Responsibilities: A physical education teacher must be a person who can develop a program of developmental physical education for students who have experienced considerable difficulty in school. The physical education teacher must develop an adapted physical education program to meet the individual needs of students. Emphasis should be placed on development of activities of a recreational nature which also have value for physical development. The physical education teacher must work closely with other staff members in developing physical education programs which can also be supervised by other staff members.

Qualifications: This position requires a minimum of a Bachelor's degree in physical education. The individual should also have some training or experience in adaptive physical education programs.

Instructional Media Specialist

Responsibilities: The position of Instructional Media Specialist requires competence in the broad areas of instructional materials, instructional equipment, cataloging and information retrieval, and the adaptation of equipment and material to the specific learning requirements of individual students. Specific duties include the organization and maintenance of an instructional materials center, and duties such as cataloging and ordering of audio-visual media and printed documents as well as evaluation of their appropriateness to the goals and objectives of the on-going educational program. This specialist must have the knowledge to be able to suggest and recommend specific types of materials to instructional staff and/or students to meet any specific educational need.

Qualifications: Training and experience in areas such as elementary education, special education, library science, and audio-visual education are required. Because this is a new concept in education, training and/or experience must transcend traditional programs encompassed in the academic background usually included in such titles.

Psychologist

Responsibilities: A psychologist possesses competence in the traditional areas of psychology as well as knowledge of the broad area of special learning disabilities. The psychologist must be able to administer and interpret intelligence and personality assessments. The psychologist must be able to consult with the staff concerning behavior problems of students. He must be knowledgeable in the area of behavior modification in order to assist the staff in development of programs. He should possess skills relating to the diagnosis of educational problems although not to a degree to make a comprehensive educational diagnosis. The psychologist also should have some assessment skills in perceptual areas and language disabilities. He also should participate in the design of research activities related to the Center.

Qualifications: This position requires a minimum of a Master's degree in school or clinical psychology. The person must be certified by the State Board of Examiners in Psychology in Minnesota. Experience with students with learning disabilities would be extremely helpful.

Social Workers

Responsibilities: Social workers need considerable skill in working with the professional staff of different disciplines as well as having the ability to communicate with the public at large. The duties of the social worker at the MLC will be to interpret the program of the Center to communities in the state of Minnesota who have students attending the Center. It also necessitates his providing the Center staff with data from the community about the students which might need to be taken into consideration at the Center. A major responsibility of the social worker is the coordination of efforts of the various community agencies which have services to offer students once they return to the community. The social worker should serve on the intake committee which reviews applications for the MLC.

Qualifications: This position requires a minimum of a Bachelor's degree. The degree preferably should be in one of the behavioral social sciences. Experience in a community or social service agency would also be desirable.

Speech Therapist

Responsibilities: The speech therapist has the capabilities in the clinical evaluation of speech and hearing problems, organization, and implementation of a program of speech remediation and language acquisition to carry out a language development program and to coordinate speech therapy with all other aspects of the program. Specific responsibilities of the speech therapist include the organization and implementation of a total speech correction and language development program for the population of the Minnesota Learning Center. The person selected for this position will have the responsibility of evaluating the speech and language needs of the students and providing the remediation necessary to overcome or ameliorate deficiencies in these areas. He should assume the responsibility of developing lines of communication with all staff members so that better articulation and improved ability to communicate become a goal of every aspect of the MLC program.

Qualifications: The speech therapist needs an undergraduate major in speech correction, a strong background through training and/or experience in language development, and the ability to conceptualize and carry out a total program of speech and language remediation.

Certified Vocational Instructor

Responsibilities: The instructor in this position should be responsible for developing, through in-service training, a student self-care program with the special school counselors. This program should include the skills needed to maintain living quarters, wash and iron clothing, and general housekeeping duties for the building in which students reside. The instructor must also be responsible for coordinating, ordering, and distributing all cleaning supplies and equipment as well as maintaining student clothing lists. He also assumes responsibility for coordinating the laundry and dry cleaning services for the faculty utilizing a work-study approach in a training context. The vocational instructor will be under the supervision of the Assistant Director.

Qualifications: This position requires certification as a qualified vocational instructor in the housekeeping/janitorial area. Extensive experience in organizing and supervising a housekeeping or janitorial operation involving several employees is desirable. The position also requires experience in working with educable retarded children in a residential setting and experience in organizing the ordering and distribution of supplies, equipment, and clothing needs of a residential facility.

Registered Nurse

Responsibilities: The nursing position of the Minnesota Learning Center should be turned over to the Brainerd State Hospital Nursing Services. A contractual agreement can be made that a nurse work full-time in the MLC. The general role of the nurse should be to provide for the medical needs of the students at the MLC either directly or through the medical staff of the Brainerd State Hospital. Specific competence and duties should follow the existing guidelines set forth by the nursing service of the Brainerd State Hospital in regard to the provision of medical care. Additional responsibilities peculiar to the MLC include assisting, both directly and in an advisory capacity, the counselors in the development of a personal hygiene program. Technical supervision should be provided by the Brainerd State Hospital nursing service with program supervision by the Director of the Minnesota Learning Center.

Qualifications: This nurse must be a registered nurse, and preferably a certified school nurse. Appropriate experience in a school or residential facility would be very desirable.

Certified Vocational Instructor - Auto Repair and Maintenance

Responsibilities: The individual employed in this position should be responsible for developing a curriculum aimed at imparting learnings in the basic skills of minor auto tune-up, maintenance, and clean up. Emphasis must also include developing acceptable work habits in this area rather than s phisticated job skills. A major objective of this program should be the modification of unacceptable behaviors through developing more acceptable behavior and work habits whil on the job. This person will be under the supervision of the Assistant Director of the MLC.

Qualifications: This position requires certification as a vocational instructor in auto repair (clean up) and/or service station attendant skills. It also requires extensive experience in a related vocational area. Experience in working with educable retarded adolescents with behavior or emotional problems is also important.

Recreational Specialist

Responsibilities: This position requires a person to plan and direct a program of recreational activities for students. He must be able to organize and conduct activities for the development of leisure time skills in such areas as music, art, drama, club groups, self-directed activities, and camping, which are appropriate to the developmental levels of students. This specialist must supervise and direct recreational activity assistance as well as coordinate the use of community services for students. He must also coordinate and arrange camping experiences.

Qualifications: This position requires a Master's degree or its equivalent in hospital or community recreation.

Recreational Assistant

Responsibilities: This assistant carries out learning activities in leisure-time skills under the direction of a recreation specialist. Activities include such areas as music, art, drama, club groups, photography, archery or special interests while the specialist plans social activities, instruction in dancing and other social skills.

Qualifications: This position requires an associate in arts degree in child development or related areas.

Senior Special School Counselor

Responsibilities: This individual supervises and schedules the duties of the special school counselors for a given work shift. He is responsible to the Assistant Director of the MLC. This counselor is responsible for processing of recent mail, checking buildings for safety and reports to the Director unsafe or hazardous situations. He assists special school counselors in crisis intervention. He evaluates the effectiveness of counselors in conjunction with the Assistant Director. He supervises counselors in their recording of behavior and arranges such personal needs as medical care and clothing.

Special School Counselors

Responsibilities: This person conducts learning activities under the direction of a special teacher in areas such as daily living, self-care, academic and vocational skills, and recreational and social skills. He must be able to establish a system of rewards for desired behaviors under the direction of the behavior modifier. The counselor conducts leisure-time activities and works with the students in the establishment of self-directed activities compatable with the developmental level of the student. He works with the students on job placement when this is appropriate. The counselor must maintain records and reports as required. He must assist in crisis interventions and in making arrangement for transportation, medication, and living needs.

Social Rehabilitation Services Technician

Responsibilities: The duties of this technician are to assist teachers in the conduct of learning experiences in specialized areas. Under the direction of professional staff, this person will instruct students in one or more of the following areas: language arts, social studies, home economics, mathematics, industrial arts, music, art, or recreation. This technician must acquire and prepare appropriate material from the instructional Media Center. He must record behavior of students in conjunction with the behavior modification program.

Qualifications: This position requires a minimum of an associate in arts degree in child development or a related special area such as recreation, occupational therapy, music, arts, and crafts.

Teacher Assistant

Responsibilities: A teacher assistant assists teachers with the development and conduct of learning activities. He works with the special school counselor in the conduct of special skills, learning activities, and social activities.

Qualifications: This position requires a minimum of an associate in arts degree in child development or related areas.

RECOMMENDATION SIX — A STRONG PROGRAM OF INSERVICE TRAINING SHOULD BE ESTABLISHED FOR ALL PERSONNEL AT THE MINNESOTA LEARNING CENTER

Inservice training or education is widely accepted, and the need for planned programs for staff improvement is generally recognized. Inservice training has become a chief avenue through which programs are improved. This study group believes strongly that a meaningful and ongoing inservice training program must be instituted at the Minnesota Learning Center. Such a program must have a number of purposes and produce several positive outcomes. An initial need for inservice training of personnel is created by the fact that the staff of the Minnesota Learning Center will be unfamiliar with the new program and many of the concepts. However, inservice training can do much more than indoctrinate and educate. It provides an opportunity for the staff to work on problems that are of significance to them. Personnel can be involved in the formulation of goals, objectives, and operations of the MLC program. Continuous attention can be given to individual and group problem solving processes. Similar attention can be directed to the inter-relationships of different groups and individuals in the ongoing program of the Center. Perhaps a major contribution of a good inservice training program is that it promotes identification by the personnel with the program of the MLC in an atmosphere conducive to building mutual respect, support, creativeness, and understanding. It is important to prevent attitudes and practices often identified with "institutions."

To serve the staff employed in the Minnesota Learning Center, certain requisites are necessary in the development of an inservice training model. First, it is necessary to insure that this model imparts the necessary skills to those staff members who are involved in the program. These skills must be developed to be consonant to the characteristics of the student population and the organization of the MLC program. Second, it is necessary to develop an inservice

education model which is flexible enough to accommodate both those who are presently involved with the program as well as those who become associated in the future. Third, the model has to be practical in terms of time factors and staff requirements. Fourth, it has to be designed in such a way as to be capable of expansion in the future.

In order to meet these requirements, the study group recommends that the inservice training program be divided into segments which represent the various skills which are needed by the staff of the Minnesota Learning Center. These segments represent specific skills or knowledges which are necessary for the functioning of each staff member in the facility. It is recommended that these segments not be designed for any specific group of staff members. Rather, segments should be developed in such a way so that they cut across the various categories of employees and disciplines which are represented by the staff of the MLC. There are some aspects of the program that are appropriate for all members of the staff. There may be other inservice components which are appropriate only for certain specific groups of individuals.

It is recommended that the inservice training program be instituted in two phases. Phase I should be primarily for leadership personnel in the MLC. Phase II should be intended for the staff who will be employed initially at the facility. The rationale for this separation of training is based upon two aspects of the program. First, relatively few staff members at the MLC are on the present Owatonna staff. An initial inservice program would include only a minimum number of professional personnel. This is because there are a substantial number of special school counselors who plan to transfer to the new facility, but a relatively small number of the professional staff. Therefore it seems appropriate to wait for any extensive inservice program until a larger proportion of the professional staff is available. Second, the leadership personnel who are transferring from Owatonna State School to the MLC can contribute much to the development of the inservice program. Involvement of these personnel will utilize their knowledge of the Owatonna State School program in helping to develop adequate staff training for the new program at the MLC. This approach could enable the individuals who will provide the leadership at the MLC to become better acquainted with the new program.

Phase I should consist of four group sessions for those individuals who will provide leadership at the Center. The primary purpose of these sessions will be to insure that these staff members are fully acquainted with the goals, objectives, and nature of the program. They will be called upon to interpret this rationale to other members of the staff. These staff members may contribute their abilities and

knowledge to the development of the general inservice program. The general format for these sessions is outlined in the following section. The details of each section will be developed in consultation with those individuals who will have the responsibility of carrying out the program at the MLC.

Phase II should consist of segments which are directly related to various aspects of the program recommended for the Minnesota Learning Center. Segments might include the following types of content.

General Orientation: This section will deal with the nature of the program at the MLC. The broad goals and objectives, the philosophical basis of the program, the characteristics of the students, and the administrative organization should be considered. Consideration should also be given to resources within the community and the state hospital which are available to staff members.

Individual Child Behavioral Assessment: This section will emphasize the need for an individual approach to the assessment of behavior problems in the students. Consideration must be given to the roles of various staff members and the assistance which is available to aid the staff in such analysis.

Behavioral Management Techniques: Since this is one of the major emphases in the development of this program, understanding and application of behavior modification techniques become of extreme importance. The need for consistency will be stressed among all the staff members who come into contact with students. Inservice training should develop understanding and proficiency in behavior modification techniques for staff members.

Individual Student Educational Assessment: This segment of the inservice training will focus on the assessment of educational deficits in students at the MLC. The traditional divisions within the institution will no longer exist. There is to be considerable overlap between the educational program and the group living components. It is necessary to develop skills in the total staff to identify specific areas of deficiency and strength in students.

Individual Educational Prescription: This segment will concentrate upon the development of educational programs to meet the individual needs of students. Inservice education must give considerable emphasis to the utilization of the instructional media center and prescriptive teaching. Teachers must also develop the skills for constructing an individualized program.

Program Scheduling: The scheduling of students into their programs on an individual basis presents some problems with which many of the staff members will not be familiar from their previous experiences. Therefore, emphasis in this segment will deal with the roles of the various aspects of the program and the need for scheduling staff and students on an individualized basis. All components of the Minnesota Learning Center program must be considered including the educational programs, recreational programs, group living programs, and vocational programs.

It is recommended that this inservice program be developed to serve the initial staff of the MLC. It should probably be an intensive inservice program and most appropriately developed as the staff becomes acquainted with students and with the function of the facility. It would be highly desirable to institute this program during the summer months and design it to cover a six-week period. Such an intensive program would be most likely to produce the desired results.

Summary

This chapter has focused on the importance of personnel to the program at the Minnesota Learning Center. The fact that a new program is being inaugurated offers many opportunities for creative approaches to staffing and personnel considerations. Recommendations have been presented dealing with administration, staffing, position descriptions, and inservice training.

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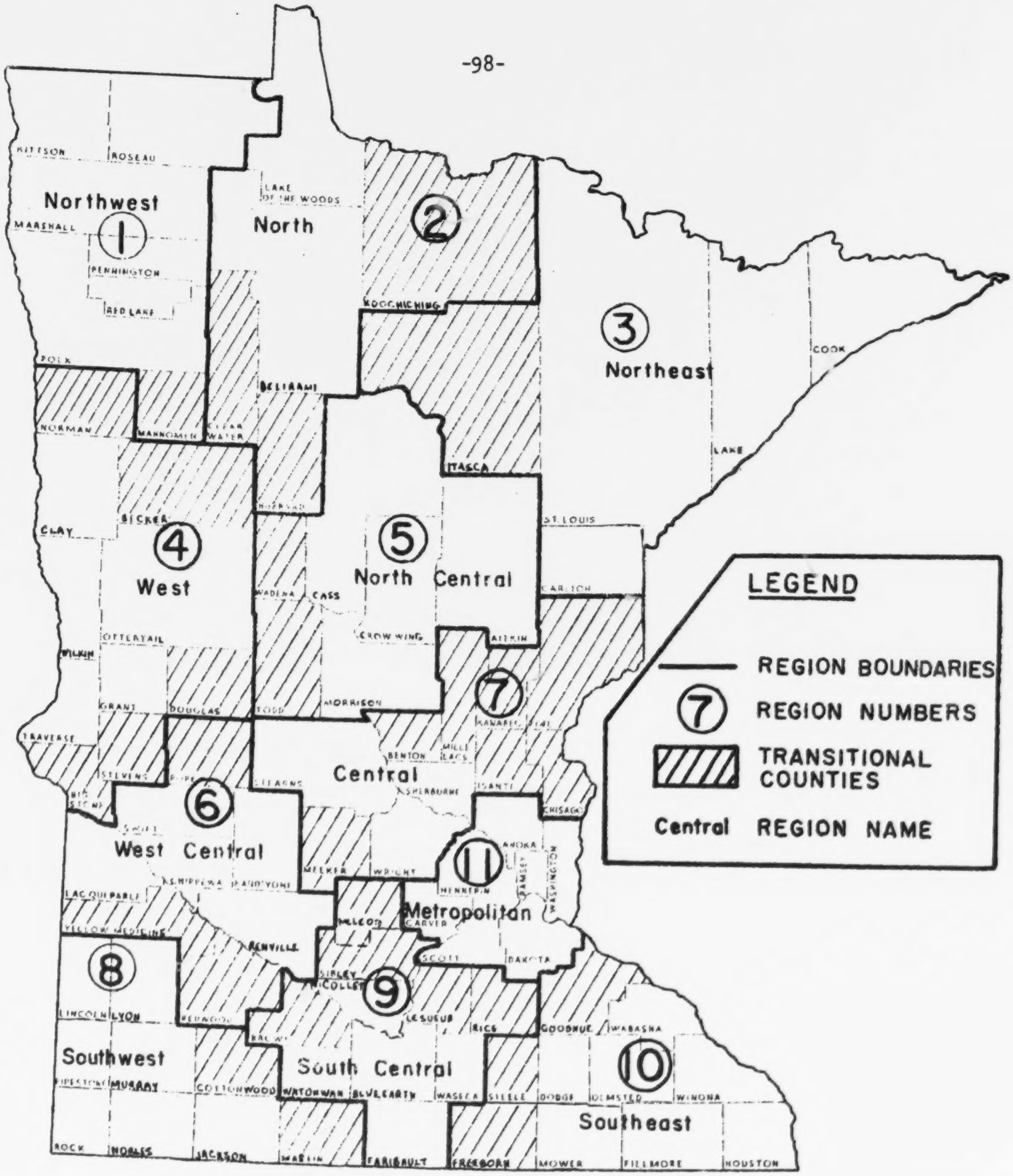
APPENDIX A

MINNESOTA REGIONAL PLANNING AREAS



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MINNESOTA REGIONAL SYSTEMS	STATE PLANNING AGENCY STATE OF MINNESOTA ST. PAUL, MINNESOTA

APPENDIX B

BALOW BEHAVIOR PROFILE RATING SCALE

BEHAVIOR PROFILE

Bruce Balow
109 Pattee Hall
University of Minnesota

Child's Name_____Current Date_____
last first

Child's Address_____
street city state

Date of Birth_____Sex___Race_____Grade_____

Name of School_____Rater's Name_____

Directions: The items below are descriptive terms that apply to many children. Each item can be answered from your observations of the child in question; do not try to compare the child to other children.

Please circle the letter or letters for "Almost Always", "Often", "Seldom", or "Almost Never" according to the frequency with which the child shows the particular behavior in school.

It is important that a single response be circled for each item. If you wish to qualify your responses, please do so in the space reserved for your comments.

A. GENERAL CHARACTERISTICS					COMMENTS
1. Neat, clean personal appearance	AA	O	S	AN	
2. For Boys: effeminate behavior	AA	O	S	AN	
For Girls: Tomboy behavior	AA	O	S	AN	
3. Sluggishness, lethargy	AA	O	S	AN	
4. Sucks thumb or finger	AA	O	S	AN	
5. Bites nails or fingers	AA	O	S	AN	
6. Clumsiness, awkwardness	AA	O	S	AN	

Behavior Profile - 2

					COMMENTS
7. Nervousness, jitteriness, jumpiness	AA	0	S	AN	
8. Hyperactivity; hardly ever sits still	AA	0	S	AN	
9. Twitches, mannerisms or tics of the face or body	AA	0	S	AN	
10. Shows odd movements such as flapping of arms, twisting movements of hands in front of face or facial grimacing	AA	0	S	AN	
B. LANGUAGE AND THOUGHT					
11. Doesn't speak; uses only grunts or noises to communicate	AA	0	S	AN	
12. Although able to speak, uses mimicry or demonstration instead	AA	0	S	AN	
13. Speech unintelligible	AA	0	S	AN	
14. Express ideas poorly; difficult to follow train of thought	AA	0	S	AN	
15. Stutters or stammers	AA	0	S	AN	
16. Speech articulation difficulty, (e.g., omits sounds, substitutes sounds)	AA	0	S	AN	
17. Talkative, chatterbox	AA	0	S	AN	
18. Shows rapid thinking	AA	0	S	AN	
19. Short attention span	AA	0	S	AN	
20. Distracted by sights or sounds	AA	0	S	AN	
21. Distracted from within self (e.g., petit mal like lapses, shifts of activity or verbal content without apparent external cause)	AA	0	S	AN	

Behavior Profile - 3

					COMMENTS
22. Dislikes school work or going to school	AA	0	S	AN	
23. Preoccupied with a fixed idea (e.g., constantly pretending to be a train or always drawing the same things over long periods)	AA	0	S	AN	
24. Preoccupied with certain aspects of things (e.g., their shininess, texture or color)	AA	0	S	AN	
C. INTRAPERSONAL BEHAVIOR					
25. Depressed	AA	0	S	AN	
26. Hypersensitivity; feelings	AA	0	S	AN	
27. Crying over minor annoyances and hurts	AA	0	S	AN	
28. Self-consciousness; easily embarrassed	AA	0	S	AN	
29. Daydreaming	AA	0	S	AN	
30. Anxiety, general fearfulness	AA	0	S	AN	
31. Trusting, trustful	AA	0	S	AN	
32. Reticent or secretive	AA	0	S	AN	
33. Fussy or over-particular	AA	0	S	AN	
34. Examines things in odd ways (e.g., by sniffing or biting them)	AA	0	S	AN	
D. PROBLEM BEHAVIOR					
35. Fights with other children	AA	0	S	AN	
36. Bullies other children	AA	0	S	AN	

Behavior Profile - 4

					COMMENTS
37.	Profane language; swearing, cursing	AA	O	S	AN	
38.	Temper trantrums (complete loss of temper with shouting, angry movements, etc.)	AA	O	S	AN	
39.	Tells lies	AA	O	S	AN	
40.	Destructive of property (his own or others)	AA	O	S	AN	
41.	Daredevil actions	AA	O	S	AN	
42.	Boisterousness, rowdiness	AA	O	S	AN	
43.	Steals	AA	O	S	AN	
44.	Disobedience; does not accept adult control	AA	O	S	AN	
45.	Disruptiveness; tendency to annoy and bother others	AA	O	S	AN	
46.	Acts impulsively with little forethought	AA	O	S	AN	
47.	Irresponsibility, undependability	AA	O	S	AN	
E.	INTERPERSONAL BEHAVIOR					
48.	Formal, controlled responses to others; "adult-like"	AA	O	S	AN	
49.	Prefers to play with older children	AA	O	S	AN	
50.	Prefers to play with younger children	AA	O	S	AN	
51.	Social withdrawal, preference for solitary activities	AA	O	S	AN	
52.	Uncooperative in group situations	AA	O	S	AN	

Behavior Profile - 5

						COMMENTS
53.	Inattentive to what others say	AA	0	S	AN	
54.	Attention-seeking, "show-off" behavior	AA	0	S	AN	
55.	Self-assertive; seeks leadership role	AA	0	S	AN	
56.	Critical of others	AA	0	S	AN	
57.	Negativistic and contrary	AA	0	S	AN	
58.	Irritability; hot-tempered, easily aroused to anger	AA	0	S	AN	
59.	Jealousy over attention paid other children	AA	0	S	AN	
60.	Avoids looking at others directly; looks past or through them	AA	0	S	AN	
61.	Passivity, suggestibility; easily led	AA	0	S	AN	
62.	Sympathetic to others	AA	0	S	AN	
63.	Leaves work and living areas without permission	AA	0	S	AN	
64.	Talking out of order	AA	0	S	AN	
65.	Does messy work	AA	0	S	AN	
66.	Tires easily	AA	0	S	AN	
67.	Generally unnoticed by others	AA	0	S	AN	
68.	Tattles	AA	0	S	AN	

APPENDIX C

BEHAVIOR RATING DATA

TABLE 1-6

TABLE 1

BEHAVIOR PRESENTED BY MALE RESIDENTS RECOMMENDED FOR PLACEMENT IN BRAINERD, COMMUNITY OR OTHER STATE INSTITUTIONS - RATING BY STAFF TEACHER

Behavior Profile Subscales	Brainerd (N=45)		Community (N=84)		Other State Inst. (N=25)	
	N	%	N	%	N	%
Poor Control						
Nervousness	17	38*	21	25	13	52*
Hyperactivity	13	29	19	23	9	36*
Talkative	26	58*	48	57*	15	60*
Short Attention Span	26	58*	30	36*	15	60*
Easily Distracted by Classroom Surroundings	23	51*	29	34*	14	56*
Fights	15	33*	20	24	7	28
Bullies	15	33*	27	32	8	32
Profane Language	14	31	25	30	9	36*
Tells Lies	11	24	18	21	2	8
Destructive	7	16	9	11	7	28
Daredevil Actions	7	16	13	15	4	16
Boisterous	10	22	22	26	5	20
Disobedient	12	27	21	25	8	33*
Disruptive	20	44*	27	32	11	44*
Impulsive	24	53*	32	38*	12	48*
Irresponsible	17	38*	28	33*	12	48*
Uncooperative in Groups	10	22	14	17	13	52*
Inattentive	12	27	22	27	13	54*
Attention-Seeking Behavior	13	29	29	34*	7	28
Critical of Others	15	33*	36	43*	3	12
Negativistic	14	31	23	27	12	48*
Irritability	20	44*	26	31	10	40*
Jealousy Over Attention Paid Others	11	24	17	20	4	16
Roams Without Permission	14	31	14	17	8	32
Talks Out-of-Order	21	47*	30	36*	8	32

TABLE 1 (continued)

Behavior Profile Subscales	Brainerd (N=45)		Community (N=84)		Other State Inst. (N=25)	
	N	%	N	%	N	%
Messy Work	19	42*	20	23	17	68*
Tattles	17	38*	22	26	5	20
Developmental Immaturity						
Sluggishness	19	42*	31	37	16	64*
Clumsiness	13	30	18	22	14	56*
Expresses Ideas Poorly	8	18	19	23	13	52*
Does Not Exhibit Rapid Thinking	12	27	47	57*	6	24
Short Attention Span	26	58*	30	36*	15	60*
Easily Distracted by Classroom Surroundings	23	51*	29	34*	14	56*
Dislikes School Work	21	47*	32	38*	10	40*
Daydreaming	29	64*	32	38*	17	68*
Irresponsible	17	38*	28	33*	12	48*
Prefers Younger Playmates	11	24	23	27	13	52*
Social Withdrawal	12	27	34	40*	17	68*
Inattentive	12	27	22	27	13	54*
Not Self-Assertive	11	24	31	38*	1	4
Suggestibility	15	33*	32	38*	14	56*
Messy Work	19	42*	20	24	17	68*
Tires Easily	24	53*	23	27	15	60*
Generally Unnoticed	11	24	20	24	12	48*
Anxious or Neurotic						
Depressed	6	14	14	17	10	40*
Hypersensitivity	19	42*	28	34*	12	48*
Crying Over Minor Annoyances	6	13	9	11	7	28
Self-Consciousness	13	29	30	36*	10	40*
Anxiety	19	42*	22	26	14	56*
Over Particular	15	33*	17	20	4	16

TABLE 1 (continued)

Behavior Profile Subscales	Brainerd (N=45) N	%	Community (N=84) N	%	Other State Inst. (N=25) N	%
Acting Out						
Profane Language	14	31	25	30	9	36*
Temper Tantrums	15	33*	14	17	6	24
Tells Lies	11	24	18	21	2	8
Destructive	7	16	9	10	7	28
Steals	7	16	11	13	4	16
Irritability	20	44*	26	31	10	40*
Speech Pathology						
Doesn't Verbalize	1	2	1	1	10	40*
Demonstrates Instead of Speaking	2	4	1	1	9	36*
Speech Unintelligible	2	4	6	7	6	24
Expresses Ideas Poorly	8	18	19	23	13	52*
Stutters or Stammers	5	11	8	10	16	24
Speech Articulation Difficult	9	20	21	25	10	40*
Social Withdrawal						
Doesn't Verbalize	1	2	1	1	10	40*
Secretive	14	31	23	27	8	32
Social Withdrawal	12	27	34	40*	17	68*
Uncooperative in Groups	10	22	14	17	13	52*
Avoids Direct Eye Contact	10	22	16	19	8	32
Autistic						
Distracted From Within Self	13	29	6	7	10	40*
Preoccupied with Fixed Ideas	13	29	5	6	7	28
Preoccupied with Certain Aspects of Things	6	13	3	4	6	24
Examines Things in Odd Ways	2	4	3	4	4	16

*Behavior present in at least one-third of the residents.

TABLE 2

BEHAVIOR PRESENTED BY FEMALE RESIDENTS RECOMMENDED FOR PLACEMENT IN BRAINERD, COMMUNITY OR OTHER STATE INSTITUTIONS - RATING BY STAFF TEACHER

Behavior Profile Subscales	Brainerd (N=16)		Community (N=36)		Other State Inst. (N=10)	
	N	%	N	%	N	%
Poor Control						
Nervousness	6	38*	10	28	5	50*
Hyperactivity	5	31	8	22	4	40*
Talkative	9	56*	19	54*	3	30
Short Attention Span	7	44*	9	26	3	30
Easily Distracted by Classroom Surroundings	5	31	11	31	3	30
Fights	9	56*	11	31	5	50*
Bullies	8	50*	6	17	2	20
Profane Language	5	31	8	22	2	20
Tells Lies	4	25	5	14	3	30
Destructive	1	6	0	0	2	20
Daredevil Actions	1	6	2	6	2	20
Boisterous	6	38*	10	28	4	40*
Disobedient	5	31	2	6	1	10
Disruptive	6	38*	10	28	3	30
Impulsive	8	50*	15	42*	4	40*
Irresponsible	7	44*	8	22	4	40*
Uncooperative in Groups	4	25	2	6	2	20
Inattentive	6	38*	5	14	3	30
Attention-Seeking Behavior	7	44*	9	25	4	40*
Critical of Others	7	44*	13	36*	3	30
Negativistic	7	44*	7	19	6	60*
Irritability	6	38*	8	22	5	50*
Jealousy Over Attention Paid Others	4	25	5	14	2	20
Roams Without Permission	2	12	4	11	3	30
Talks Out-of-Order	7	44*	7	19	3	30

TABLE 2 (continued)

Behavior Profile Subscales	Brainerd (N=16)		Community (N=36)		Other State Inst. (N=10)	
	N	%	N	%	N	%
Messy Work	4	25	5	14	3	30
Tattles	6	38*	4	11	3	30
Developmental Immaturity						
Sluggishness	6	38*	11	31	3	30
Clumsiness	4	25	8	22	5	50*
Expresses Ideas Poorly	4	25	4	11	5	50*
Does Not Exhibit Rapid Thinking	8	50*	20	56*	4	40*
Short Attention Span	7	44	9	26	3	30
Easily Distracted by Classroom Surroundings	5	31	11	31	3	30
Dislikes School Work	3	19	7	19	2	20
Daydreaming	6	38*	8	22	4	40*
Irresponsible	7	44*	8	22	4	40*
Prefers Younger Playmates	4	25	3	8	0	0
Social Withdrawal	3	19	7	19	4	40*
Inattentive	6	38*	5	14	3	30
Not Self-Assertive	5	31	17	38*	2	20
Suggestibility	6	38*	13	36*	4	40
Messy Work	4	25	5	14	3	30
Tires Easily	9	56*	8	23	3	30
Generally Unnoticed	4	25	6	17	3	30
Anxious or Neurotic						
Depressed	5	33*	9	26	6	60
Hypersensitivity	8	50*	14	40*	5	50*
Crying Over Minor Annoyances	5	31	5	14	4	40*
Self-Consciousness	7	44*	15	42*	6	60*
Anxiety	4	25	9	25	7	70*
Over Particular	0	0	6	17	1	10

TABLE 2 (continued)

Behavior Profile Subscores	Brainerd (N=16) N	%	Community (N=36) N	%	Other State Inst. (N=10) N	%
Acting Out						
Profane Language	5	31	8	22	2	20
Temper Tantrums	6	38*	7	19	4	40*
Tells Lies	4	25	5	14	3	30
Destructive	1	6	0	0	2	20
Steals	2	12	0	0	1	10
Irritability	6	38*	8	22	5	50*
Speech Pathology						
Doesn't Verbalize	2	12	0	0	1	10
Demonstrates Instead of Speaking	2	12	1	3	1	10
Speech Unintelligible	3	19	0	0	2	20
Expresses Ideas Poorly	4	25	4	11	5	50
Stutters or Stammers	0	0	1	3	2	20
Speech Articulation Difficult	3	19	4	11	3	30
Social Withdrawal						
Doesn't Verbalize	2	12	0	0	1	10
Secretive	6	38*	10	28	4	40*
Social Withdrawal	3	19	7	19	4	40*
Uncooperative in Groups	4	25	2	6	2	20
Avoids Direct Eye Contact	3	19	5	14	2	20
Autistic						
Distracted From Within Self	2	12	3	8	3	30
Preoccupied with Fixed Ideas	2	12	1	3	3	30
Preoccupied with Certain Aspects of Things	1	6	2	6	1	10
Examines Things in Odd Ways	0	0	0	0	0	0

*Behavior present in at least one-third of the residents.

TABLE 3

BEHAVIOR PRESENTED BY MALE RESIDENTS RECOMMENDED FOR PLACEMENT IN BRAINERD, COMMUNITY OR OTHER STATE INSTITUTIONS - RATING BY STAFF COUNSELOR

Behavior Profile Subscales	Brainerd (N=45)		Community (N=84)		Other State Inst. (N=25)	
	N	%	N	%	N	%
Poor Control						
Nervousness	23	51*	30	36*	18	72*
Hypersensitivity	28	62*	27	32	17	71*
Talkative	23	51*	41	49*	14	56*
Short Attention Span	29	64*	37	44*	21	84*
Easily Distracted by Classroom Surroundings	24	54*	28	33*	18	72*
Fights	24	53*	31	37*	10	40*
Bullies	21	47*	27	32	8	32
Profane Language	19	42*	37	44*	14	56*
Tells Lies	23	51*	33	39*	11	44*
Destructive	13	29	15	18	9	36*
Daredevil Actions	16	36*	28	33*	7	28
Boisterous	23	51*	25	30	9	36*
Disobedient	16	36*	27	33*	11	44*
Disruptive	27	60	34	41*	14	56*
Impulsive	32	71*	39	46*	20	80*
Irresponsible	28	62*	28	33*	22	88*
Uncooperative in Groups	12	27	20	24*	12	48*
Inattentive	19	42*	34	40*	16	64*
Attention-Seeking Behavior	24	53*	39	46*	10	42*
Critical of Others	22	49*	40	48*	7	28
Negativistic	21	47*	31	37*	12	48*
Irritability	26	58*	29	35*	16	64*
Jealousy Over Attention Paid Others	19	42*	20	24	7	28
Roams Without Permission	16	36*	14	17	13	52*
Talks Out-of-Order	20	44*	32	38*	13	52*
Messy Work	22	49*	19	23	15	62*
Tattles	24	53*	24	28	9	36*

TABLE 3 (continued)

Behavior Profile Subscales	Brainerd (N=45) N	%	Community (N=84) N	%	Other State Inst. (N=25) N	%
Developmental Immaturity						
Sluggishness	17	38*	19	22	17	68*
Clumsiness	13	29	17	20	18	72*
Expresses Ideas Poorly	12	27	23	27	16	64*
Does Not Exhibit Rapid Thinking	25	56*	39	47*	6	24
Short Attention Span	29	64*	37	44*	21	84*
Easily Distracted by Classroom Surroundings	24	54*	28	33*	18	72*
Dislikes School Work	24	53*	32	38*	10	40*
Daydreaming	17	38*	31	37*	19	76*
Irresponsible	28	62*	28	34*	22	88*
Prefers Younger Playmates	14	31	14	17	10	40*
Social Withdrawal	12	27	32	38*	17	68*
Inattentive	19	42*	34	40*	16	64*
Not Self-Assertive	14	32	34	42*	5	20
Suggestibility	21	47*	34	40*	14	56*
Messy Work	22	49*	19	23	15	62*
Tires Easily	17	38*	21	25	15	60*
Generally Unnoticed	15	33*	24	28	12	48*
Anxious or Neurotic						
Depressed	11	24	19	23	14	56*
Hypersensitivity	25	56*	33	40*	18	72*
Crying Over Minor Annoyances	10	22	12	14	7	28
Self-Consciousness	20	44*	35	42*	11	44*
Anxiety	19	42*	28	33*	21	84*
Over Particular	15	33*	28	33*	5	20
Acting Out						
Profane Language	19	42*	37	44*	14	56*
Temper Tantrums	18	40*	21	25	15	60*
Tells Lies	23	51*	33	39*	11	44*

TABLE 3 (continued)

Behavior Profile Subscales	Brainerd (N=45)		Community (N=84)		Other State Inst. (N=25)	
	N	%	N	%	N	%
Destructive	13	29	15	18	9	36*
Steals	17	38*	16	19	10	40*
Irritability	26	58*	29	34*	16	64*
Speech Pathology						
Doesn't Verbalize	0	0	6	7	4	16
Demonstrates Instead of Speaking	3	7	3	4	4	16
Speech Unintelligible	7	16	6	7	10	40*
Expresses Ideas Poorly	12	27	23	27	16	64*
Stutters or Stammers	16	27	12	14	11	44*
Speech Articulation Difficult	8	18	15	18	12	48*
Social Withdrawal						
Doesn't Verbalize	0	0	6	7	4	16
Secretive	20	44*	31	37*	14	56*
Social Withdrawal	12	27	32	38*	17	68*
Uncooperative in Groups	12	27	20	24	12	48*
Avoids Direct Eye Contact	18	40*	25	30	12	48*
Autistic						
Distracted From Within Self	5	11	7	8	10	40*
Preoccupied with Fixed Ideas	11	24	16	19	13	52*
Preoccupied with Certain Aspects of Things	10	22	13	15	12	48*
Examines Things in Odd Ways	4	9	6	7	5	20

*Behavior present in at least one-third of the residents.

TABLE 4

BEHAVIOR PRESENTED BY FEMALE RESIDENTS RECOMMENDED FOR PLACEMENT IN BRAINERD, COMMUNITY OR OTHER STATE INSTITUTIONS - RATING BY STAFF COUNSELOR

Behavior Profile Subscales	Brainerd (N=16)		Community (N=36)		Other State Inst. (N=10)	
	N	%	N	%	N	%
Poor Control						
Nervousness	3	19	14	39*	9	90*
Hypersensitivity	7	44*	12	33*	4	40*
Talkative	10	62*	20	56*	7	70*
Short Attention Span	9	56*	16	44*	6	60*
Easily Distracted by Classroom Surroundings	5	31	3	8	6	60*
Fights	7	44*	13	36*	5	50*
Bullies	7	44*	8	22	5	50*
Profane Language	6	38*	15	42*	4	40*
Tells Lies	5	31*	10	28	5	50*
Destructive	2	12	1	3	2	20
Daredevil Actions	2	12	7	19	2	20
Boisterous	9	56*	12	33*	4	40*
Disobedient	6	38*	9	25	5	50*
Disruptive	9	56*	11	31	7	70*
Impulsive	11	69*	16	44*	4	40*
Irresponsible	6	38*	11	31	5	50*
Uncooperative in Groups	4	25	8	22	8	80*
Inattentive	7	44*	10	28	6	60*
Attention-Seeking Behavior	6	38*	11	31	5	50*
Critical of Others	4	27	23	64*	6	60*
Negativistic	9	56*	13	37*	7	70*
Irritability	10	62*	13	36*	6	60*
Jealousy Over Attention Paid Others	6	38*	6	17	5	50*
Roams Without Permission	3	19	5	14	2	22
Talks Out-of-Order	8	50*	15	42*	6	67*

TABLE 4 (continued)

Behavior Profile Subscales	Brainerd (N=16) N	%	Community (N=36) N	%	Other State Inst. (N=10) N	%
Messy Work	7	44*	11	31	3	30
Tattles	6	38*	5	14	4	40*
Developmental Immaturity						
Sluggishness	6	38*	8	22	6	60*
Clumsiness	7	44*	6	17	4	40*
Expresses Ideas Poorly	5	31	3	8	2	20
Does Not Exhibit Rapid Thinking	8	50*	23	64*	6	60*
Short Attention Span	9	56*	16	44*	6	60*
Easily Distracted by Classroom Surroundings	5	31	3	8	6	60*
Dislikes School Work	7	44*	13	36*	2	20
Daydreaming	5	31	4	11	6	60*
Irresponsible	6	38*	11	31	5	50*
Prefers Younger Playmates	3	19	7	19	4	40*
Social Withdrawal	3	19	9	25	7	70*
Inattentive	7	44*	10	28	6	60*
Not Self-Assertive	5	32	17	48*	2	20
Suggestibility	7	44*	11	31	4	40*
Messy Work	7	44*	11	31	3	30
Tires Easily	4	25	8	22	3	30
Generally Unnoticed	5	31	13	36*	3	30
Anxious or Neurotic						
Depressed	4	25	10	28	6	60*
Hypersensitivity	7	44*	16	44*	5	56*
Crying Over Minor Annoyances	2	12	10	28	5	50*
Self-Consciousness	4	25	16	44*	5	50*
Anxiety	2	12	13	36*	9	90*
Over Particular	1	6	7	19	3	30
Acting Out						
Profane Language	6	38*	15	42*	4	40*

TABLE 4 (continued)

Behavior Profile Subscales	Brainerd (N=16) N	%	Community (N=36) N	%	Other State Inst. (N=10) N	%
Temper Tantrums	6	38*	7	19	3	30
Tells Lies	5	31	10	28	5	50
Destructive	2	12	1	3	2	20
Steals	3	19	2	6	4	40*
Irritability	10	62*	13	36*	6	60*
Speech Pathology						
Doesn't Verbalize	1	6	1	3	0	0
Demonstrates Instead of Speaking	1	6	0	0	2	20
Speech Unintelligible	2	12	2	6	1	10
Expresses Ideas Poorly	5	31	3	8	2	20
Stutters or Stammers	3	19	4	11	3	30
Speech Articulation Difficult	5	31	4	11	2	20
Social Withdrawal						
Doesn't Verbalize	1	6	1	3	0	0
Secretive	3	19	9	25	3	30
Social Withdrawal	4	25	9	25	7	70*
Uncooperative in Groups	4	25	8	22	8	80*
Avoids Direct Eye Contact	4	25	8	22	4	40*
Autistic						
Distracted From Within Self	1	6	2	6	6	60*
Preoccupied with Fixed Ideas	1	6	3	8	3	30*
Preoccupied with Certain Aspects of Things	1	6	0	0	2	20
Examines Things in Odd Ways	0	0	0	0	2	20

*Behavior present in at least one-third of the residents.

TABLE 5

BEHAVIOR PRESENTED BY MALE RESIDENTS RECOMMENDED FOR PLACEMENT IN BRAINERD, COMMUNITY OR OTHER STATE INSTITUTIONS - RATING BY STAFF SOCIAL WORKER

Behavior Profile Subscales	Brainerd (N=45)		Community (N=84)		Other State Inst. (N=25)	
	N	%	N	%	N	%
Poor Control						
Nervousness	15	33*	25	30	11	44*
Hyperactivity	21	47*	22	26	13	52*
Talkative	16	36*	34	40*	12	48*
Short Attention Span	23	51*	29	34*	18	72*
Easily Distracted by Classroom Surroundings	14	31	18	21	13	52*
Fights	18	40*	24	28	12	48*
Bullies	16	36*	27	32	6	24
Profane Language	16	36*	27	32	9	36*
Tells Lies	21	48*	25	30	7	28
Destructive	11	24	16	19	7	28
Daredevil Actions	10	22	18	21	4	16
Boisterous	15	33*	25	30	7	28
Disobedient	18	40*	15	18	8	32
Disruptive	22	49*	28	33*	12	48*
Impulsive	29	64*	36	43*	19	76*
Irresponsible	20	44*	24	28	15	60*
Uncooperative in Groups	21	47*	21	25	8	32
Inattentive	25	56*	26	31	14	56*
Attention-Seeking Behavior	24	53*	36	43*	5	20
Critical of Others	12	27	24	28	9	36*
Negativistic	17	38*	23	27	10	40*
Irritability	19	42*	33	39*	13	52*
Jealousy Over Attention Paid Others	4	9	8	10	4	16
Roams Without Permission	15	33	14	17	10	40*
Talks Out-of-Order	22	49*	25	30	11	44

TABLE 5 (continued)

Behavior Profile Subscales	Brainerd (N=45) N	%	Community (N=84) N	%	Other State Inst. (N=25) N	%
Messy Work	12	27	19	23	17	68*
Tattles	15	33*	15	18	6	24
Developmental Immaturity						
Sluggishness	10	22	16	19	13	52*
Clumsiness	13	29	25	30	11	44*
Expresses Ideas Poorly	12	27	14	17	15	60*
Does Not Exhibit Rapid Thinking	15	33*	36	43*	4	20
Short Attention Span	23	51*	29	34*	18	72*
Easily Distracted by Classroom Surroundings	14	31	18	21	13	52*
Dislikes School Work	22	49*	27	32	11	44*
Daydreaming	13	29	29	35*	17	68*
Irresponsible	20	44*	24	28	15	60*
Prefers Younger Playmates	12	27	12	14	7	28
Social Withdrawal	19	42*	25	30	14	56*
Inattentive	25	56*	26	31	14	56*
Not Self-Assertive	18	40*	29	35*	2	8
Suggestibility	13	29	22	26	13	52*
Messy Work	12	27	19	23	17	68*
Tires Easily	12	27	20	24	11	44*
Generally Unnoticed	15	33*	18	21	10	40*
Anxious or Neurotic						
Depressed	8	18	13	15	10	40*
Hypersensitivity	17	38*	23	27	14	56*
Crying Over Minor Annoyances	6	13	8	10	11	44*
Self-Consciousness	12	27	33	39*	10	40*
Anxiety	13	29	15	18	13	52*
Over Particular	5	11	12	14	5	20

TABLE 5 (continued)

Behavior Profile Subscales	Brainerd (N=45) N	%	Community (N=84) N	%	Other State Inst. (N=25) N	%
Acting Out						
Profane Language	16	36*	27	32	9	36*
Temper Tantrums	19	42*	19	23	9	36*
Tells Lies	21	48*	25	30	7	28
Destructive	11	24	16	19	7	28
Steals	10	22	25	30	5	20
Irritability	19	42*	33	39*	13	52*
Speech Pathology						
Doesn't Verbalize	0	0	0	0	1	4
Demonstrates Instead of Speaking	1	2	3	4	4	16
Speech Unintelligible	1	2	2	2	5	20
Expresses Ideas Poorly	12	27	14	17	15	60*
Stutters or Stammers	5	11	8	10	7	28
Speech Articulation Difficult	6	15	9	11	8	32
Social Withdrawal						
Doesn't Verbalize	0	0	0	0	1	4
Secretive	11	24	25	30	7	28
Social Withdrawal	19	42*	25	30	14	56*
Uncooperative in Groups	21	47*	21	25	8	32
Avoids Direct Eye Contact	17	38*	19	23	19	76*
Autistic						
Distracted From Within Self	11	24	12	14	13	52*
Preoccupied with Fixed Ideas	8	18	6	7	9	36*
Preoccupied with Certain Aspects of Things	8	18	4	4	8	32
Examines Things in Odd Ways	3	7	1	1	4	16

*Behavior present in at least one-third of the residents.

TABLE 6

BEHAVIOR PRESENTED BY FEMALE RESIDENTS RECOMMENDED FOR PLACEMENT IN BRAINERD, COMMUNITY OR OTHER STATE INSTITUTIONS - RATING BY STAFF SOCIAL WORKER

Behavior Profile Subscales	Brainerd (N=16)		Community (N=36)		Other State Inst. (N=10)	
	N	%	N	%	N	%
Poor Control						
Nervousness	4	25	13	36*	6	60*
Hypersensitivity	8	50*	12	33*	2	20
Talkative	10	62*	15	42*	6	60*
Short Attention Span	8	50*	12	33*	7	70*
Easily Distracted by Classroom Surroundings	6	38*	9	25	6	60*
Fights	8	50*	17	48*	6	60*
Bullies	6	38*	13	36*	4	40*
Profane Language	8	50*	15	42*	5	50*
Tells Lies	4	25	10	28	5	50*
Destructive	1	6	1	3	1	10
Daredevil Actions	2	12	8	22	2	20
Boisterous	6	38*	13	36*	4	40*
Disobedient	5	31	9	25	4	40*
Disruptive	7	44*	13	36	6	60*
Impulsive	9	56*	16	44*	8	80*
Irresponsible	5	31	14	39*	7	70*
Uncooperative in Groups	5	31	10	28	6	60*
Inattentive	10	62*	12	33*	8	89*
Attention-Seeking Behavior	8	50*	14	39*	4	40*
Critical of Others	7	44*	16	44*	6	60*
Negativistic	6	38*	17	47*	6	60*
Irritability	11	69*	20	56*	4	40*
Jealousy Over Attention Paid Others	3	19	8	22	1	10
Roams Without Permission	3	19	8	22	3	30
Talks Out-of-Order	6	38*	13	36*	5	50*

TABLE 6 (continued)

Behavior Profile Subscales	Brainerd (N=16)		Community (N=36)		Other State Inst. (N=10)	
	N	%	N	%	N	%
Messy Work	4	25	10	28	7	70*
Tattles	7	44*	6	17	6	60*
Developmental Immaturity						
Sluggishness	4	25	7	19	6	60*
Clumsiness	8	50*	10	28	5	50*
Expresses Ideas Poorly	5	31	8	22	6	60*
Does Not Exhibit Rapid Thinking	3	19	14	39*	2	20
Short Attention Span	8	50*	12	33*	7	70*
Easily Distracted by Classroom Surroundings	6	38*	9	25	6	60*
Dislikes School Work	6	38*	15	42*	5	50*
Daydreaming	7	44*	7	19	8	80*
Irresponsible	5	31	14	39*	7	70*
Prefers Younger Playmates	3	19	5	14	2	20
Social Withdrawal	5	31	10	28	5	50*
Inattentive	10	62*	12	33*	8	89*
Not Self-Assertive	2	12	14	39*	1	10
Suggestibility	3	19	13	36*	0	0
Messy Work	4	25	10	28	7	70*
Tires Easily	4	25	10	28	5	50*
Generally Unnoticed	4	25	8	22	3	30*
Anxious or Neurotic						
Depressed	2	12	16	44*	6	60*
Hypersensitivity	10	62*	25	69	5	50
Crying Over Minor Annoyances	6	38*	10	28	2	20
Self-Consciousness	9	56*	18	50*	5	50*
Anxiety	3	19	11	31	6	60*
Over Particular	3	19	9	25	3	30
Acting Out						
Profane Language	8	50*	15	42*	5	50*

TABLE 6 (continued)

Behavior Profile Subscales	Brainerd (N=16) N	%	Community (N=36) N	%	Other State Inst. (N=10) N	%
Temper Tantrums	5	31	15	42*	4	40*
Tells Lies	4	25	10	28	5	50*
Destructive	1	6	1	3	6	60*
Steals	2	12	2	6	3	33*
Irritability	11	69*	20	56*	4	40*
Speech Pathology						
Doesn't Verbalize	0	0	0	0	0	0
Demonstrates Instead of Speaking	0	0	1	3	1	10
Speech Unintelligible	1	6	0	0	0	0
Expresses Ideas Poorly	5	31	8	22	6	60*
Stutters or Stammers	3	19	3	8	4	40*
Speech Articulation Difficult	3	19	2	6	1	10
Social Withdrawal						
Doesn't Verbalize	0	0	0	0	0	0
Secretive	3	19	9	26	6	60*
Social Withdrawal	5	31	10	28	5	50*
Uncooperative in Groups	5	31	10	28	6	60*
Avoids Direct Eye Contact	6	38*	7	19	8	80*
Autistic						
Distracted From Within Self	5	31	6	17	6	60*
Preoccupied with Fixed Ideas	0	0	2	6	4	40*
Preoccupied with Certain Aspects of Things	0	0	1	3	2	22
Examines Things in Odd Ways	0	0	0	0	1	10

*Behavior present in at least one-third of the residents.

APPENDIX D

SELECTED TABLES NOT REFERRED TO IN THE TEXT

1 Frequency of Student's Home Visits While at Owatonna State School

2 Secondary Reason, When One Given, for Student's Placement at Owatonna State School

3 Reason for Guardianship, OSS Students Who Were Under Guardianship at Admission

4 Classification by Size of City Where Residence is Located

5 Mothers of OSS Students Who Were Identified as Retarded in Case Record

6 Fathers of OSS Students Who Were Identified as Retarded in Case Record

7 Number of Siblings of OSS Students at Time of Admission

8 Fathers Age at Time of Student's Admission to OSS

9 Kind of Intelligence Test Used at or Shortly After Admission to OSS, By Percent

10 Kind of Test Used at Last Intelligence Testing of OSS Students, By Percent

11 Achievement Test Used at Time of Last Test, By Percent

TABLE 1

Frequency of Student's Home
Visits While at OSS

Frequency	Brainerd		Community		Other state Institutions		Total	
	N	%	N	%	N	%	N	%
1	20	34	32	24	9	26	65	27
2	20	34	33	25	8	24	67	27
3	19	32	67	51	17	50	112	46

TABLE 2

Secondary Reason, When One Given,
for Student's Placement at OSS

Reason	Brainerd		Community		Other state Institutions		Total	
	N	%	N	%	N	%	N	%
1. School problem	17	40	22	28	9	50	52	34
2. Home problems	18	43	25	32	6	33	55	36
3. Community living problem	5	12	21	27	1	6	29	19
4. Medical control	0	2	0	0	0	0	2	1
5. Other	2	5	10	13	2	11	15	10
No secondary reason given	$\frac{60}{42}$		$\frac{138}{78}$		$\frac{35}{18}$		$\frac{249}{153}$	

TABLE 3

Reason for Guardianship, OSS Students Who Were Under Guardianship at Admission

Reason	Brainerd		Community		Other state Institutions		Total	
	N	%	N	%	N	%	N	%
Mother deceased	9	9	1	1	0	0	1	1
Father deceased	2	13	2	3	0	0	4	5
Both parents deceased	0	0	0	0	0	0	0	0
Child removed from home	4	47	2	41	13	81	43	49
Other	6	40	26	53	3	19	40	45

TABLE 4

Classification by Size of City Where Residence is Located

Size of Residence	Brainerd		Community		Other State Institutions		Total	
	N=(60)	%	(N=131)	%	(N=34)	%	N=(244)	%
Rural/Small Town (less than 2,500)	12	20	31	24	9	26	57	23
Cities of 2,500 to 25,000 (outside metro area)	10	17	37	28	7	21	58	24
Metro-Suburban Area	2	3.5	9	7	4	12	15	6
Major Cities (Minneapolis, St. Paul, Duluth)	35	58	54	41	14	41	114	47
Not Reported	1	1.5	7					

TABLE 5

Mothers of OSS Students Who Were Identified as Retarded in Case Record

Reason	Brainerd		Community		Other state Institutions		Total	
	N	%	N	%	N	%	N	%
Mother mentally retarded	7	12	27	24	4	13	26	17
Mother not retarded	49	80	87	76	26	87	131	83

TABLE 6

Fathers of OSS Students Who Were Identified as Retarded in Case Record

Reason		Brainerd		Community		Other state Institutions		Total	
		N	%	N	%	N	%	N	%
Father Mentally Retarded	Boys	1	3	5	8	1	5	7	5
	Girls	2	18	3	11	1	12	7	14
	Both	3	7	8	9	2	7	14	8
Father not retarded or not so identified	Boys	33	97	60	92	18	95	124	95
	Girls	9	82	25	89	7	88	44	86
	Both	42	93	85	91	25	93	168	92

TABLE 7

Number of Siblings of OSS Students
at Time of Admission

	Brainerd			Community			Other State Inst.			Total		
	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD	N
Boys	4.40	2.31	43	4.82	2.99	98	4.83	2.65	24	4.70	2.71	181
Girls	4.00	1.36	15	4.20	2.69	40	4.55	2.54	11	4.10	2.40	254
Both	4.29	2.10	58	4.64	2.91	138	4.74	2.58	35	4.53	2.64	251

TABLE 8

Father's Age at Time of Student's Admission
to Owatonna State School

		Brainerd		Community		Other State Institutions		Total	
		N	%	N	%	N	%	N	%
20-29	Boys Girls Both	0		1		0		1	
30-39	Boys Girls Both	16		30		9		54	
40-49	Boys Girls Both	24		50		12		86	
50-59	Boys Girls Both	10		21		8		39	
60-69	Boys Girls Both	0		7		1		8	
70-79	Boys Girls Both	1		3		0		4	

TABLE 9

Kind of Intelligence Test Used at or Shortly After Admission to OSS, by Percent

Test	Brainerd	Community	Other State Institutions	Total
	%	%	%	%
Wechsler Intelligence Scale for Children (WISC)	74	59	62	65
Wechsler Adult Intelligence Scale (WAIS)	2	7	3	4
Stanford Binet	22	30	35	28
Other	2	4	0	3

TABLE 10

Kind of Test Used at Last Intelligence Testing of OSS Students, by Percent

Test	Brainerd	Community	Other State Institutions	Total
	%	%	%	%
Wechsler Intelligence Scale for Children (WISC)	57	31	28	37
Wechsler Adult Intelligence Scale (WAIS)	30	59	66	52
Stanford Binet	0	3	3	2
Other	13	7	3	9

TABLE 11

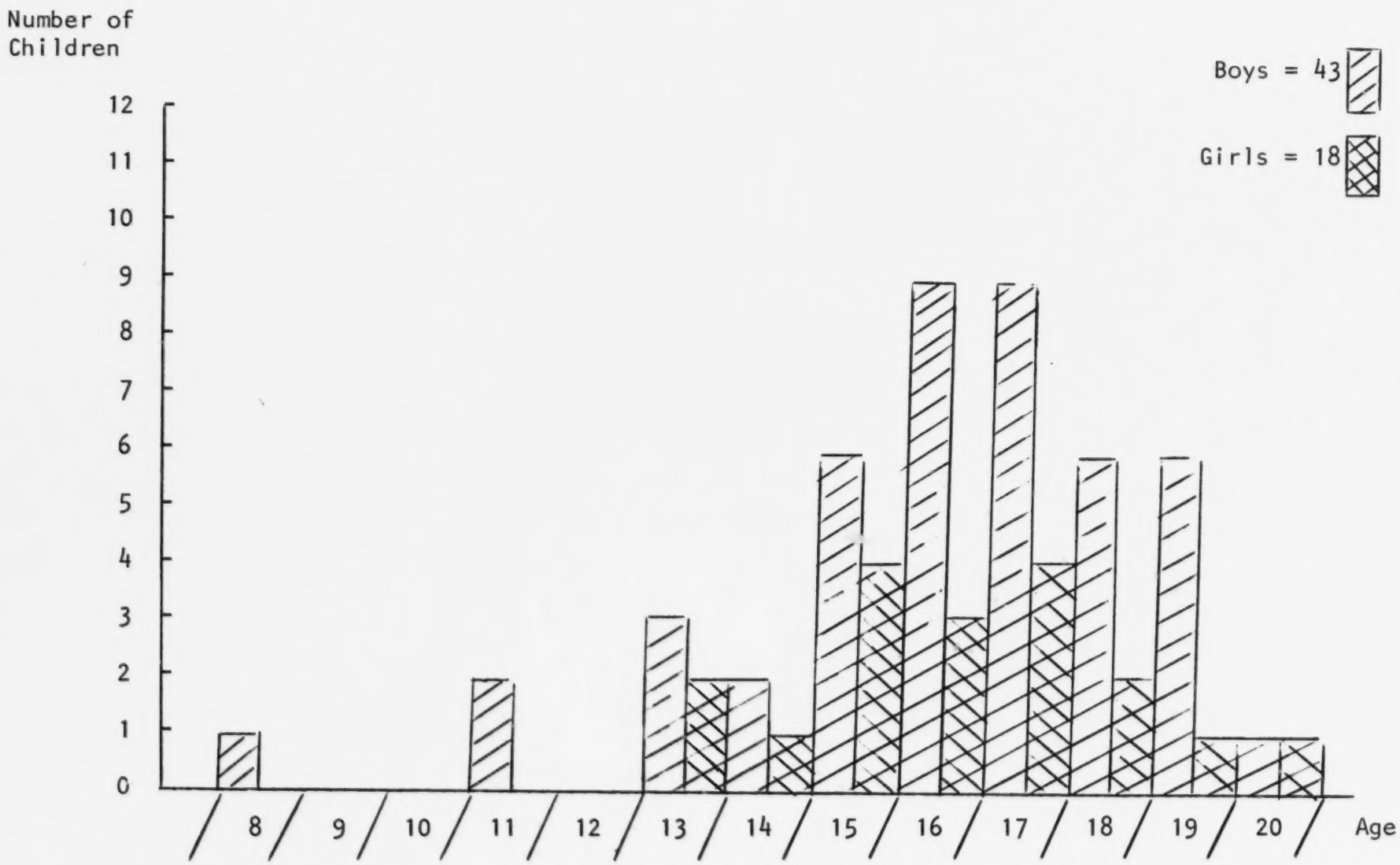
Achievement Test Used at Time of
Last Test, Percent

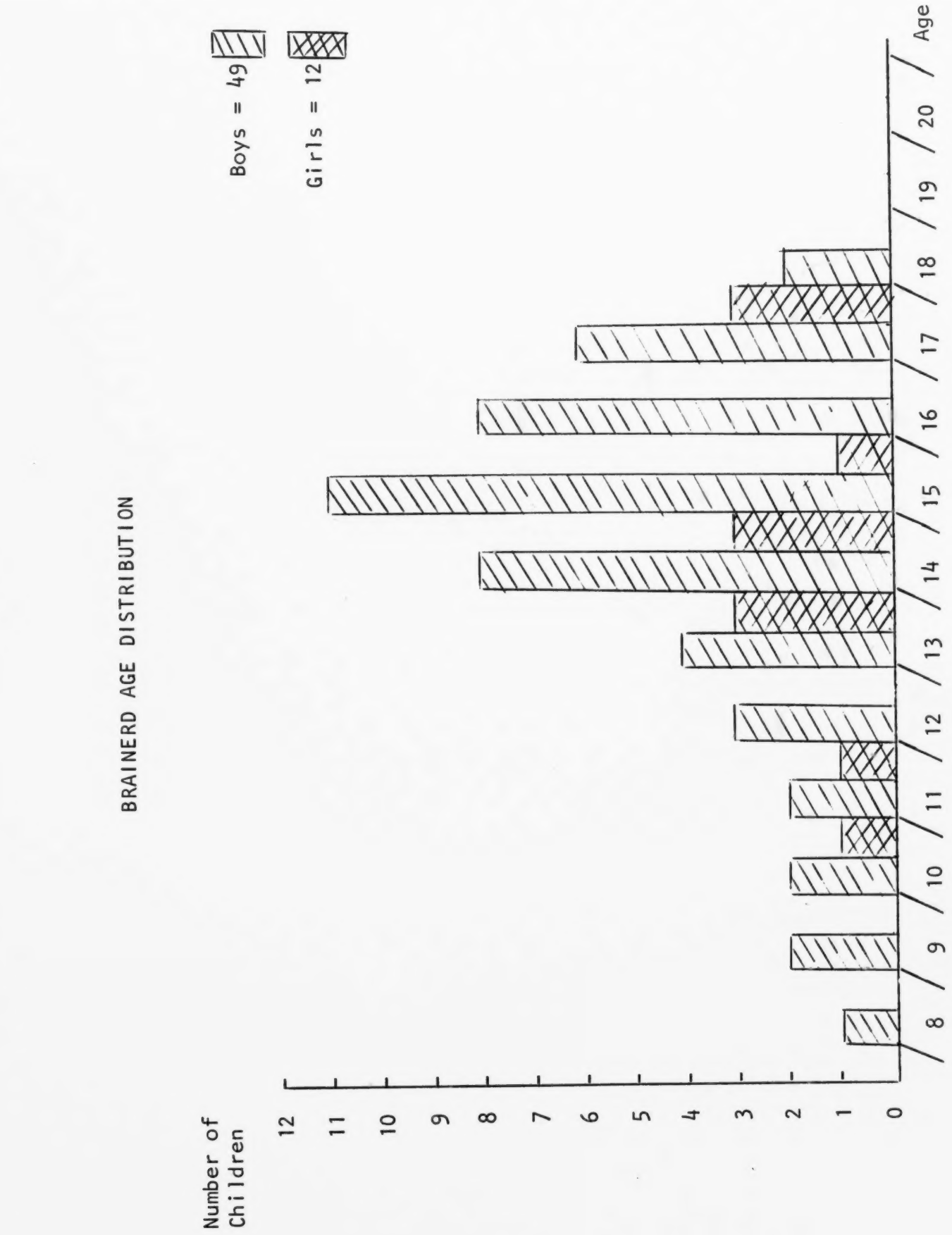
Test Used	Brainerd	Community	Other State Institutions	Total
	%	%	%	%
Metropolitan	13	5	32	12
SRA	59	42	32	44
Stanford	9	38	13	26
Other	19	15	23	18

APPENDIX E

AGE DISTRIBUTION GRAPHS FOR BRAINERD AND COMMUNITY PLACEMENTS

COMMUNITY PLACEMENT AGE DISTRIBUTION




BRAINERD AGE DISTRIBUTION
Boys = 49
Girls = 12
Number of Children
0
1
2
3
4
5
6
7
8
9
10
11
12
8
9
10
11
12
13
14
15
16
17
18
19
20
Age

APPENDIX F

AGE DISTRIBUTIONS BY NUMBER AND BY SEX FOR

EACH OF THE THREE PLACEMENT GROUPS

BRAINERD PLACEMENT GROUP

BOYS		GIRLS	
Age	No.	Age	No.
8	0	8	0
9	2	9	0
10	2	10	1
11	2	11	1
12	3	12	0
13	4	13	3
14	9	14	3
15	12	15	2
16	9	16	0
17	6	17	3
18	2	18	0
19	0	19	0
20	0	20	0
21	0	21	0
TOTAL	51	TOTAL	13

Range: 9 - 18
Mean: 14.2

Range: 10 - 17
Mean: 14.1

INSTITUTIONAL PLACEMENT GROUP

BOYS		GIRLS	
Age	No.	Age	No.
8	0	8	0
9	0	9	0
10	1	10	0
11	0	11	0
12	1	12	1
13	0	13	0
14	1	14	0
15	1	15	0
16	2	16	1
17	5	17	0
18	0	18	0
19	2	19	2
20	1	20	1
21	1	21	0
TOTAL	15	TOTAL	5

Range: 10 - 21
Mean: 16.9

Range: 12 - 20
Mean: 17.1

COMMUNITY PLACEMENT GROUP

BOYS		GIRLS	
Age	No.	Age	No.
8	1	8	0
9	0	9	0
10	0	10	0
11	2	11	0
12	0	12	0
13	4	13	2
14	3	14	1
15	9	15	4
16	10	16	3
17	11	17	5
18	6	18	2
19	5	19	2
20	1	20	2
21	0	21	0
TOTAL	52	TOTAL	21
Range:	8 - 20	Range:	13 - 20
Mean:	15.5	Mean:	16.1

APPENDIX G

OUTLINE OF DATA COLLECTION

FOR

OWATONNA STATE SCHOOL

OUTLINE OF DATA COLLECTION

FOR

OWATONNA STATE SCHOOL

Student

Name

Birthdate

Month, Year

Age at Admission

Owatonna Placement Status (Legal and Present)

Voluntary

Committed as Mentally Deficient

Committed as Dependent and Neglected

Committed as Delinquent

Other

Sex

Ethnic

Intake or Pre-Admission Test

Type of Test

WISC

WAIS

Stanford Binet

Sub-Test Scaled Scores

Information

Comprehension

Arithmetic

Similarities

Digit Span

Vocabulary

Digit Symmetry (Coding)

Picture Comprehension

Block

Picture Arrangement

Object Assessment

Maze

Performance IQ

Verbal IQ

Full Scale or Binet IQ

Optional

Month and Year

Final or Last Test

Type of Test

WISC

WAIS

Stanford Binet

Sub-Test Scaled Scores

Information

Comprehension

Arithmetic

Similarities

Digit Span

Vocabulary

Digit Symmetry (Coding)

Picture Comprehension

Block

Picture Arrangement

Object Assessment

Maze

Performance IQ

Verbal IQ

Full Scale or Binet IQ

Optional

Month and Year

AAMD Classification

Achievement Test (Most Recent)

Type

Metropolitan Achievement

SRA

SAT

Other

Sub-Scores

Reading

Arithmetic

Month and Year

Residence

City Name

Classification

Rural and Rural Town (under 2,500)

Cities, 2,500 - 25,000 (Outside Metro Area)

Metro-Suburban

Cities (Minneapolis, St. Paul, Duluth)

County Name

Governor's Economic Region

Placement Recommendation, or Actual if Discharged

Primary

Brainerd

Other State Institutions

Private Institution

Community Placement

Other

Classification

If Brainerd - Long Term

If Brainerd - Short Term

Other or Not Specified

Alternate

Brainerd

Other State Institution

Private Institution

Community Placement

Other

Community of Recommended Residence

Community Name

Residence

Foster Home

Independent Living

Other

Occupation

School Program

Day Care

Sheltered Work

Competitive Employment

Other

Legal Responsibility

Natural Parents

Guardian

Mother is Deceased

Father is Deceased

Both Mother and Father Deceased

Child Removed from Home

Other

Family and Parent Information

Marital Status of Family

Married and Living Together

Married and Separated

Married but Separated, Living with Mother

Married but Separated, Living with Father

Divorced

Widowed

Mother Never Married

Other

Siblings

Total Number of Siblings

Male

Female

Rank Order of Age

Number Living at Home

Family Housing at Intake

Own a Home

Rent

Other

Family Assistance Status

Independent

Dependent, Receiving Assistance

AFDC

General Relief

Other

Family Income, at Intake

Occupation of Principal Wage Earner

Agriculture and Conservation

Business and Management

Education and Social Sciences

Engineering and Science

Military Service

Office Work and Clerical

Trades, Technical and Industrial

Service Occupations

Housewife

Other

Father

Unemployed

Mentally Retarded

Completely Disabled

Age

Mother

History of Illegitimate Children

Unemployed

Mentally Retarded

Completely Disabled

Age

Owatonna Entrance and Exit

Date of Entrance

Month and Year

Date of Leaving

Month and Year

Type of Residence From Which Child Entered

Natural Home

Foster Home

Group Home

Public Institution - MR

Public Institution - MI

Public Institution - Correctional or Diagnostic Center

Private Institution

Reason for Referral to Owatonna

Primary and Secondary Reasons

School Problem

Home Problem

Community Living Problem

Medical Reason

Other

Systems

Educational Placement - Pre-Owatonna

Regular Classes

Special Ed Classes

Out of School, Three Months or More

Other

School District Name and Number

Size of District

Presently Director or Coordinator of Special Education

Presently Regional Special Education Consultant Available

Presently Formal Inter-District Cooperative for Total Special Education Program

County Welfare Department

Number of Caseworkers Who Have Worked With Child Since Initial DPW Contact

Present and or Last Caseworker Has Been Child's Caseworker for:

3 Months or Less

4 to 6 Months

7 to 12 Months

13 to 18 Months

19 to 24 Months

Over Two Years

Caseworker at Intake Still Active

Length of Time County Has Been in Contact With Family

No Contact

0 to 1 Year

1 to 2 Years

2 to 3 Years

4 to 5 Years

5 to 10 Years

Over 10 Years

Length of Time County Has Been in Contact With Child

No Contact

0 to 1 Year

1 to 2 Years

2 to 3 Years

4 to 5 Years

5 to 10 Years

Over 10 Years

Other Agencies Involved With Child Prior to Intake

Mental Health Center

Active

Corrections or Court Services

Adjudicated Delinquent

Ever Incarcerated

Offense and Frequency

Institutional Placement (Pre-or-Post OSS or Both)

Other MR

MI

Corrections

Private or Group

Medical Information

Significant Sensory Defect

Vision

Hearing

Other Handicaps

Speech

Articulation

Language

Orthopedic (Non CNS)

CNS (Central Nervous System)

Chronic Illness

Cosmetic

Other Medical Problems

Obesity

Bowel Control

Bladder Control

Sleep Disturbance

Birth Data

Premature

Problem (Infection, Anoxic, Etc.)

Normal

Unknown

Treatment for Any Other Condition Indicated (Formal Statement)

Medication

Physical

Seizures Control

Other Physical

Behavioral

Prosthesis

Hearing Aid

Glasses

Dentures

Artificial Limbs or Braces

Other

Physical Therapy

Dietary

Occupational Therapy

Speech

Articulation - Mechanical

Language

Other

Ever Had Major Surgery

Tonsils (T and A)

Appendix

Oral

Other

Seizures

Petit Mal

Grand Mal

Psycho Motor

Other Specified Types

Unspecified Types

Formal Psychiatric Evaluation

Diagnosis

Behavioral Information

Behavioral Checklist Completed by Counselor, Teacher, Social Worker

Sub-Tests

General Characteristics

Language and Thought

Intra-Personal Behavior

Inter-Personal Behavior

Total Score

Behavioral and Vocational Assessment

DVR Status

Campus Work Placement

Community Work Placement

Employability Problem

Prediction of Employment Level

Competitive

Sheltered

Behavioral History - Anti-Social Behavior Both Pre and at Owatonna

None

Property Destruction

Arson

Self-Exposure

Homosexuality

Promiscuity

Illegitimate Pregnancy

Molesting

Incest

Sexual Deviancy

Physical Assaultiness with Family

Physical Assaultiness Outside Family

Theft, Petty

Theft, Auto

Use of Alcohol

Runaway

Self Injury

Threatened or Attempted Suicide

Seclusions

APPENDIX H

INSTRUCTIONS FOR DATA COLLECTION FOR OWATONNA STATE SCHOOL

INSTRUCTIONS FOR DATA COLLECTION
FOR
OWATONNA STATE SCHOOL

Card #1

Data Number

The Data Number is a four digit number. The first digit is pre-printed and identifies the particular data card. The remaining three digits identify the student. In filling out the data number, put the unique student number in columns two, three and four. Example: if the unique student number is one, putting that number in columns two, three, and four, should appear as 001. In other words, the first student data number on the first card will be 1001; the second student number will be 1002, etc. This unique student number should be transferred on to each of the cards.

Name

The name is a twenty-two character field. The order should be: last name, blank space, first name, blank space, and middle name, or until the twenty-two character field is filled.

Birthdate

Identify the month and year with two-digit numbers. For example: January would be 01, February, 02, etc.

Age At Admission

In columns 31 and 32 put the student's age at admission to Owatonna.

Owatonna Placement Status

In column 33 put the number that corresponds to the Owatonna placement status.

1 - voluntary
2 - committed as mentally deficient
3 - committed as dependent and neglected
4 - committed as delinquent
5 - other

Sex

Indicate sex with a 0 - 1 classification.

Sex (continued)

0 - female
1 - male

Ethnic

In column 35 place a number that corresponds to the student's ethnic background.

1 - white
2 - Indian
3 - black
4 - Oriental
5 - other

Intake or Pre-Admission Test

In column 36 identify the type of intake or pre-admission test according to the following classification:

1 - WISC
2 - WAIS
3 - Stanford Binet
4 - other

Sub-Tests Scaled Scores

In columns 37 through 64 place the sub-test scaled scores in the appropriate columns under the particular type of sub-test. For example: in columns 37 and 38 place the information sub-test scores; in columns 39 and 40 place the comprehension sub-test scaled scores.

Performance IQ

In columns 65, 66, and 67, place the performance IQ obtained on the particular intake test.

Verbal IQ

In columns 68, 69, and 70 place the student's verbal IQ at intake.

Full-Scale or Binet IQ

In columns 71, 72, and 73 place the student's full-scale or Binet at intake.

Month and Year

Identify in columns 74 through 77 the month and year of intake testing.

Card #2

Data Number

Insert in columns 2, 3, and 4 the student's unique data number.

Final or Last Test

The format for recording the results in the final or last test is exactly the same as on the intake test. Follow the same methods in recording final or last test as was done with the intake test.

AAMD Classification

Leave column 47 blank.

Write diagnosis on this sheet; diagnosis may be found in evaluation face sheet or on intake sheet.

Achievement Test (most recent)

In column 48 identify the type of achievement test.

1 - Metropolitan Achievement
2 - SRA
3 - SAT
4 - Other

Sub-Scores

In columns 49 and 50 identify the reading sub-scores on the achievement test and in columns 51 and 52 identify the arithmetic sub-scores. These are the only sub-scores that will be recorded.

Month and Year

In columns 53 through 56 identify the date of the most recent achievement test.

Card #3

Data Number

In columns 2, 3, and 4 insert the unique student number.

Residence

In columns 5 through 16 insert the city or town name that corresponds to the student's home residence.

Classification

In column 17 place the number that corresponds to the student's residence.

1 - rural or rural town (under 2,500)
2 - cities, 2,500 - 25,000 (outside metro area)
3 - metro-suburban
4 - cities (Minneapolis, St. Paul, Duluth)

County Name

In columns 18 through 29 place the name of the student's county of residence.

Governor's Economic Region

In columns 30 and 31 select the number of the Governor's Economic Region in which the student's home is located. See attached map.

Placement Recommendation

In column 32 place the number corresponding to the primary recommendation according to the following list:

1 - Brainerd
2 - Other state institution
3 - Private institution
4 - Community Placement
5 - Other

Classification

Indicate the classification of the primary recommendation according to the following list:

1 - If Brainerd - long term
2 - If Brainerd - short term
3 - Other or not specified

Alternate

In column 34 place the number corresponding to the alternate recommendation.

1 - Brainerd
2 - Other state institution
3 - Private institution
4 - Community placement
5 - Other

Community Placement Name

In columns 35 through 46 place the name of the community corresponding to the primary or alternate recommendation if the student is to be placed in a community. If the student is not to be placed in the community, this item will be blank, as will some of the following information regarding residence and occupation.

Community of Recommended Residence

If the student is to have community placement either in his primary or alternate recommendation, complete columns 47 through 50 by indicating 0 - 1 in answer to the questions: live with parents, foster home, independent living, other.

0 - yes
1 - no

Occupation

Under occupation follow the same format for recording as with community of recommended residence. Answer columns 51 through 55 with a 0 - 1 classification.

Legal Responsibility at Intake

In column 56 place a 1 if legal responsibility if legal responsibility at intake was with natural parents; place a 2 if legal responsibility was with a guardian at intake.

Classification

If legal responsibility was with a guardian at intake, place the correct number corresponding to the following classification scheme:

1 - Mother is deceased
2 - Father is deceased
3 - Both mother and father deceased
4 - Child removed from home
5 - Other

Card #4

Data Number

In columns 2, 3, and 4 place the unique studnet number.

Family and Parent Information

In column 5 select the number corresponding to the marital status of the family.

1 - married and living together
2 - married and separated
3 - married but separated, living with mother
4 - married but separated, living with father
5 - divorced
6 - widowed
7 - mother never married
8 - other

Siblings

In columns 6 and 7 indicate the total number of siblings. In columns 8 and 9 indicate the total number of male siblings. In columns 10 and 11 indicate the total number of female siblings.

Rank Order of Age

In columns 12-15 indicate the student's rank order of age. For example: if the student is 6 in a family of 15, it should appear as 06/15.

Number Living at Home

In columns 16 and 17 indicate the total number of siblings living at home.

Family Housing at Intake

In column 18 indicate the type of family housing.

1 - own a home
2 - rent
3 - other

Family Assistance Status

In column 19 indicate 0 - 1 classification.

0 - family is independent
1 - family not independent

Dependent - Assistance

In column 20 indicate the type of assistance the family is receiving.

1 - AFDC
2 - General Relief
3 - Other

Occupation of Principal Wage Earner

In column 22 put the number corresponding to the type of occupation.

1 - Agriculture, Conservation
2 - Business and Management
3 - Education and Social Sciences
4 - Engineering and Science
5 - Military Service
6 - Office Work and Clerical
7 - Trades, Technical and Industrial
8 - Service Occupations
9 - Housewife
0 - Other

Father

In columns 23, 24, and 25 indicate the answer to the questions with a 0-1 classification, 0 meaning yes, 1 meaning no. In columns 26 and 27, indicate the father's age.

Mother

In columns 28, 29, 30, and 31, answer with a 0-1 classification, 0 meaning yes, 1 meaning no. In columns 32 and 33, indicate the mother's age to the nearest birthdate.

Owatonna Entrance and Exit

Indicate the month and year of entrance and in columns 38 through 41, indicate the month and year of leaving Owatonna State School.

Type of Residence From Which Child Entered OSS

In column 42, indicate the type of residence according to the following list:

1 - Natural home
2 - Foster home
3 - Group home
4 - Public Institution - MR
5 - Public Institution - MI
6 - Public Institution - correctional or diagnostic center
7 - Private Institution

Reason for Referral to OSS

In columns 43 and 44, indicate the primary and secondary reasons for referral according to the following list:

1 - School problem
2 - Home problem
3 - Community living problem
4 - Medical reason
5 - Other

Card #5

Data Number

In columns 2 and 3 the unique student number.

Educational Placement - Pre-Owatonna

In columns 5 through 7 answer with the 0-1 classification, 0 meaning yes, 1 meaning no if the student was enrolled in regular classes, etc. before coming to Owatonna. In the box off to the right, make a list of other, and do not fill in column 8.

School District Information

Leave columns 9 through 17 blank. Fill in the school name in the box provided.

Number of Caseworkers

In columns 18 and 19 indicate the number of caseworkers who have worked with the child since initial DPW contact.

Caseworker Transiency

In column 20, put the number corresponding to the following list:

1 - 3 months or less
2 - 4 to 6 months
3 - 7 to 12 months
4 - 13 to 18 months
5 - 19 to 24 months
6 - over 2 years

Caseworker Intake Still Active

In column 21, place a 0 or 1, 0 indicating yes, 1 indicating no.

Length of Time County Has Been in Contact With the Family

1 - No contact
2 - 0 to 1 year
3 - 1 to 2 years
4 - 2 to 3 years
5 - 4 to 5 years
6 - 5 to 10 years
7 - over 10 years

Length of Time County Has Been in Contact With Child

In column 23, place a number corresponding to the following list:

1 - no contact
2 - 0 to 1 year

Length of Time County Has Been in Contact With Child (continued)

3 - 1 to 2 years
4 - 2 to 3 years
5 - 4 to 5 years
6 - 5 to 10 years
7 - over 10 years

Mental Health Center

In column 24, place a 0 if Mental Health Center has had contact with the child prior to intake, and a 1 if no contact has been established. In column 25, use a 0-1 classification to indicate if the mental health center is still active with the child.

Corrections or Court Services

In columns 26, 27, and 28 place a 0 if yes, 1 if no, in relationship to the questions asked. In column 29, indicate the number of times a child has been carcerated. Leave column 30 blank, but fill in the box the type of offense or offenses. Use the back of sheet in necessary.

Institutional Placement

This group of information all follows the same format. To the first item, respond 0-1, meaning yes, no. To pre-post or both, respond with 1, indicating pre, 2 indicating post, 3 indicating both. This descriptor refers to the institutional placement of the child who is pre and post Owatonna.

Card #6

Data Number

Fill in the correct student number.

Medical Information

In column 5, place a 1 if student has vision defect, a 2 if a hearing defect.

Other Handicaps

In columns 6, place a 1 if student has articulations problem, place a 2 if language problem. In columns 7, 10, 13, 16, and 19, use a 0-1 classification to indicate if the student has other handicaps, 0 meaning

yes, 1 meaning no. Do not fill in the columns indicated by the list. However, in the boxes provided, identify the particular problems. That information will be later included into the list columns.

Other Medical Problems

In columns 22 to 25, indicate 0-1 if student has or does not have a particular problem.

Birth Data

In columns 26 through 29, use a 0-1 classification to identify any problem.

Treatment For Any Other Conditions Indicated

The remaining information called for on Card #6, columns 30 through 56, should be answered with a 0-1 classification, 0 meaning yes, there is evidence of that particular item, and 1 meaning no, there is not evidence of that item. Where there is a list required, do not fill in the particular columns, but in the boxes provided, indicate the descriptors. Later, that information will be quoted. The one exception to this is column number 37, Speech, which should be quoted 1, meaning articulation - mechanical. Number 2, language.

Card #7

Data Number

In columns 2 and 3, fill in the student number.

Behavioral Information

Skip this entire area, down through column number 36. This information will be collected on a separate form.

Behavioral History

Respond to each of the items under the Behavioral History section by indicating

0 - no history of such
1 - history of such prior to Owatonna
2 - history of such at Owatonna
3 - history of such both pre and at Owatonna

APPENDIX I

DATA ABSTRACTING FORMAT

CARD #1

Data Number 1 / 1 2 3 4

Name

5 6 7 8 9 10 11 12 13 14 15 16 17

18 19 20 21 22 23 24 25 26

Birthdate

Month

27 28

Year

29 30

Age at Admission

31 32

Owatonna Placement Status (Legal and Present)

33

Sex

34

Ethnic

35

Intake or Pre-Admission Test

Type of Test

36

Sub-Test Scaled Scores

Inf.	Comp.	Arith.	Sim.	Dig. Sp.
37 38/	39 40/	41 42/	43 44/	45 46/

Vocab.	Dig. Sp. (coding)	Pic. Com. Block	Pic. Arr.
47 48/	49 50/	51 52/	53 54/	55 56/

Obj. As.	Maz.	Opt.	Opt.
57 58/	59 60/	61 62/	63 64/

Performance IQ

68 69 70

Full-Scale or Binet IQ

71 72 73

Month 74 75 Year 76 77

CARD #2

Data Number 2 / 1 2 3 4

Final or Last Test

Type of Test 5

Sub-Test Scaled Scores

Inf.	Comp.	Arith.	Sim.	Dig. Sp.
6 7/	8 9/	10 11/	12 13/	14 15/

Vocab.	Dig. Sp. (coding)	Pic. Com.	Block	Pic. Arr.
16 17/	18 19/	20 21/	22 23/	24 25/

Obj. As.	Maz.	Opt.	Opt.
26 27/	28 29/	30 31/	32 33/

Performance IQ 34 35 36

Verbal IQ 37 38 39

Full-Scale or Binet 40 41 42

Month 43 44 Year 45 46

AAMD Classification 47

AAMD CLASSIFICATION

Achievement Test (Most Recent)

Type 48

Sub-Scores

Reading 49 50

Arithmetic 51 52

Month 53 54 Year 55 56

CARD #3

Data Number 3
1 2 3 4

Residence

City Name
5 6 7 8 9 10 11 12 13 14 15 16

Classification
17

County Name
18 19 20 21 22 23 24 25 26 27 28 29

Governor's Economic Region
30 31

Placement Recommendation

Primary
32

Classification
33

Alternate
34

Community Placement Name
35 36 37 38 39 40 41 42
43 44 45 46

Community of Recommended Residence

Live With Parents
47

Foster Home
48

Independent Living
49

Other
50

CARD #3 (continued)

Occupation

School Program ___ 51

Day Care ___ 52

Sheltered Work ___ 53

Competitive Employment ___ 54

Other ___ 55

Legal Responsibility at Intake

Natural Parents or Guardian ___ 56

Classification ___ 57

CARD #4

Data Number 4
1 2 3 4

Family and Parent Information

Marital Status of Family 5

Siblings

Total
6 7

Male
8 9

Female
10 11

Rank Order of Age
12 13 / 14 15

Number Living at Home
16 17

Family Housing at Intake
18

Family Assistance Status

Independent
19

Dependent - Assistance
20

Family Income at Intake
21

Occupation of Principal Wage Earner
22

Father

Unemployed
23

Mentally Retarded
24

Completely Disabled
25

Age
26 27

CARD #4 (continued)

Mother

History of Illegitimate Children $\overline{28}$

Unemployed $\overline{29}$

Mentally Retarded $\overline{30}$

Completely Disabled $\overline{31}$

Age $\overline{32}$ $\overline{33}$

Owatonna Entrance and Exit

Date of Entrance

Month $\overline{34}$ $\overline{35}$ Year $\overline{36}$ $\overline{37}$

Date of Leaving OSS

Month $\overline{38}$ $\overline{39}$ Year $\overline{40}$ $\overline{41}$

Type of Residence From Which Child Entered OSS $\overline{42}$

Reason for Referral to OSS

Primary $\overline{43}$

Secondary $\overline{44}$

CARD #5

Data Number 5 (1) (2) (3) (4)

Educational Placement - Pre-Owatonna

Regular Classes (5)

Special Ed. Classes (6)

Out of School, Three Months or More (7)

Other (8)

List Other

School District Number (9) (10) (11) (12)

School Name

School Size Classification (13) (14)

Director or Coordinator of Special Education (15)

Regional Special Education Consultant Available (16)

Formal Inter-District Cooperative for Special Ed. (17)

Number of Caseworkers Who Have Worked With Child Since Initial DPW Contact (18) (19)

Caseworker Transiency (20)

Caseworker at Intake Still Active (21)

Length of Time County Has Been in Contact With Family (22)

Length of Time County Has Been Contact With Child (23)

Other Agencies Involved With Child Prior to Intake

Mental Health Center (24)

CARD #5 (continued)

Active ___ 25

Corrections of Court Services ___ 26

Adjudicated Delinquent ___ 27

Ever Incarcerated ___ 28

Number of Times Incarcerated ___ 29

Type of Offense ___ 30

Type of Offense

Institutional Placement

Other MR ___ 31 Pre-Post - Both ___ 32

MI ___ 33 Pre-Post - Both ___ 34

Corrections ___ 35 Pre-Post - Both ___ 36

Private or Community ___ 37 Pre-Post - Both ___ 38

Other ___ 39 Pre-Post - Both ___ 40

CARD #6

Data Number 6 / 1 2 3 4

Medical Information

Significant Sensory Defect 5

Other Handicaps

Speech 6

Orthopedic (Non CNS) 7 List 8 9

Orthopedic List

CNS (Central Nervous System) 10

List 11 12

CNS list

Chronic Illness 13 List 14 15

Chronic Ill. List

Cosmetic 16 List 17 18

Other 19 List 20 21

Other List

Cosmetic List

Other Medical Problems

Obesity 22

Bowel Control 23

Bladder Control 24

Sleep Disturbance 25

Birth Data

Premature 26

Problem 27

CARD #6 (continued)

Normal 28

Unknown 29

Treatment for Any Other Condition Indicated (Formal Statement)

Medication 30

Physical 31

Behavioral 32

Prosthesis 33

Physical Therapy 34

Dietary 35

Occupational Therapy 36

Speech 37

Other 38 List 39 40

List Other

Ever Had Major Surgery 41

Tonsils 42

Appendix 43

Oral 44

Other 45 List 46 47

List Other

Seizures 48

Petit Mal 49

Grand Mal 50

CARD #6 (continued)

Psycho Motor $\overline{51}$

Other Specified Types $\overline{52}$

Unspecified Types $\overline{53}$

Formal Psychiatric Evaluation $\overline{54}$ List $\overline{55}$ $\overline{56}$

List Diagnosis

CARD #7

Data Number 7 / 1 2 3 4

Behavioral Information

Behavioral Checklist

Sub Tests	Counselor		Teacher		Social Worker	
General Characteristics	5	6	7	8	9	10
Language and Thought	11	12	13	14	15	16
Intra-Personal Behavior	17	18	19	20	21	22
Inter-Personal Behavior	23	24	25	26	27	28

DVR Status Number 29 30

Campus Work Placement 31

Community Work Placement 32

Employability Problem 33 List 34 35

Prediction of Employment Level 36

Employability List

Behavioral History - Anti-Social Behavior Both Pre and at Owatonna

None 37 Property Destruction 38 Arson 39

Self-Exposure 40 Homosexuality 41 Promiscuity 42

Illegitimate Pregnance 43 Molesting 44 Incest 45

CARD #7 (continued)

Sexual Deviancy ___ 46 Physical Assaultiness with Family ___ 47

Physical Assualtiness Outside Family ___ 48 Theft, Petty ___ 49

Theft, Auto ___ 50 Use of Alcohol ___ 51 Runaway ___ 52

Self-Injury ___ 53 Threatened or Attempted Suicide ___ 54

Seculsions ___ 55 Property Destruction ___ 56 Arson ___ 57

Self Exposure ___ 58 Homosexuality ___ 59 Promiscuity ___ 60

Illegitimate Pregnancy ___ 61 Molesting ___ 62 Incest ___ 63

Sexual Deviancy ___ 64 Physical Assault with Family ___ 65

Physical Assaultiness Outside Family ___ 66 Theft, Petty ___ 67

Theft, Auto ___ 68 Use of Alcohol ___ 69 Runaway ___ 70

Self-Injury ___ 71 Threatened or Attempted Suicide ___ 72

Prediction: Community Living Competence

___ 73 Not likely to be institutionalized after age 21.

___ 74 Likely to spend a year or more in MR or MI Institutions after age 21.

___ 75 Likely to spend a year or more in Correctional Institutions after age 21.

___ 76 Likely to be fully independent of social supervision after age 21.

___ 77 Will likely need some social supervision after age 21.

APPENDIX J

COUNTY OF RESIDENCE BY NUMBERS AND BY SEX

FOR EACH OF THE THREE PLACEMENT GROUPS

BRAINERD PLACEMENT GROUP

COUNTIES	BOYS	GIRLS
ANOKA	1	0
BELTRAMI	1	0
BROWN	0	1
CASS	1	1
CLAY	0	1
DAKOTA	2	1
FARIBAULT	1	0
FREEBORN	3	1
HENNEPIN	21	4
LE SUER	1	0
LYON	1	0
MARSHALL	0	1
MOWER	3	0
MC LEOD	1	0
OTTER TAIL	1	0
RAMSEY	8	0
REDWOOD	0	1
ST. LOUIS	3	0
SHERBERNE	1	0
STEARNS	1	0
WADENA	1	0
WATONWAN	0	1
WINONA	0	1
	51	13

COMMUNITY PLACEMENT GROUP

COUNTIES	BOYS	GIRLS
AITKIN	1	1
ANOKA	2	0
BIGSTONE	1	0
BLUE EARTH	1	1
BROWN	0	1
CARLTON	1	1
CASS	1	1
CLAY	1	0
CLEARWATER	1	1
COTTONWOOD	1	0
DAKOTA	2	1
FREEBORN	1	0
HENNEPIN	10	3
LAKE OF THE WOODS	0	1
LYON	0	1
MILLE-LACS	1	0
MORRISON	1	0
MOWER	4	0
OLMSTED	2	0
RAMSEY	5	5
RICE	2	0
ST. LOUIS	1	1
WADENA	1	0
WINONA	1	0
WRIGHT	1	0

OTHER INSTITUTION PLACEMENT GROUP

COUNTIES	BOYS	GIRLS
ANOKA	1	0
DAKOTA	1	0
FREEBORN	1	0
HENNEPIN	5	1
LINCOLN	1	0
MARTIN	1	0
MOWER	1	0
OTTER TAIL	1	0
RAMSEY	1	0
STEARNS	0	1
WADENA	1	0
WASHINGTON	1	1
WRIGHT	0	2
	15	5